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SPIRITUAL (RELIGIOUS) VALUES AND MENTAL HYGIENE *

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DURING the last generation the religious sciences have flooded with light the long and toilsome path of man's religious pilgrimage. It is possible now to see clearly the part religions have played in the total complex of human cultures and to speak of spiritual values in concrete and practical terms. In an earlier age there was something mysterious about the spiritual. It carried the implication of the unearthly, the ghostly, the supernatural, or the immaterial. These ancient dualisms of natural-supernatural, spirit-matter, soul-body, still linger in our language, but we have learned to escape them by understanding them. The history and psychology of religion have revealed to us how they originated and the function they performed in the ages of cultural development. The history of religious philosophy shows how these ideas of primitive man were rationalized into glorious systems of abstract metaphysics alluring even to the most intellectual. But the most important contribution of the religious sciences is the discovery that religion is always a function of human life and that the problems and hopes of living men dictate both doctrine and ideal of every religion in all ages. Spiritual values are always human values, and religion is man's age-long quest for these values as an ideal of life-fulfillment. All else in the religious complex—gods and ceremonies and institutions—is merely means to the desired end—the realization of the good life.

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I. The Nature of Religion

The drive of desire for satisfaction is the motif of the drama of evolution on our planet. On every level of increasing complexity from the atom to civilization there is the recurring theme of the organism with its hungers and desires striving to maintain itself in an environment partly friendly and partly hostile. When man emerged from the shadows of the dawn age he carried on to a higher level the age-old motif. These human, social groups were driven by imperative desires—for food, sex satisfaction, shelter from environmental forces, protection from dangers. The earliest religions of the world were ways of winning satisfaction of these elemental needs. It would be a great mistake to think of these early religious patterns of behavior as originating in rational thought. They are not logical but rather the result of emotional outbursts at times of frustration, or the fulfillment of intense desires. Rain rituals, war dances, seasonal ceremonies, magical spells for revenge or protection, all had this emotional basis. The earliest gods were those nature forces most helpful to man, in need of helpers in a world which was so often indifferent or hostile. Heaven, for the nomad, was the ever-present source of light and warmth and refreshing rain. The warming, dark-dispelling dawn, the stimulating sun, but especially the storm-rain relieving the tension of drought, were emotionally important to early man. Treated socially, they took on anthropopathic qualities, and with the rise of the idea of the separable spirit became invisible beings in the dualistic, superhuman realm of the unseen. It was an easy matter then to load upon these friendly helpers all the wishes, hopes, and unfulfilled desires of man's troubled quest for the values of life. When his techniques, magical and practical, were of no avail, the gods were a source of psychic consolation, security, and peace.

When religions attained the culture level a change appeared in the religious ideal of the good life. Desires were no longer directed to merely physical and material satisfactions but to the joys of happy human relations. Man had come to realize that the highest happiness was in harmonious adjustments in the social relations of men. The religious ideal centered then about justice, friendliness, honor, love,

coöperation, sympathy, the relationships which yielded fullest satisfaction to man in society. The vision of a Holy City, a Kingdom of God, a brotherhood of man, or a communion of saints replaced the earlier ideal of satisfaction of physical wants. At the same time philosophy refined the primitive heritage of gods and cult patterns into elaborate systems of cosmology, theology, and institutions grounded on supernatural bases. The meaning of the universe was read in terms of the realization of the complete and perfect fulfillment of human joy in living. Man dared to believe that the world was made to yield him happiness and that the strong gods worked for him in the unseen to guarantee the final fulfillment of his ideal.

But in every religion of the world man's hopes outran his powers. He could dream of the ideal way of living but he did not know how to actualize his dream. His knowledge was not adequate for the task. He did not know how to control either nature or human nature. Thus, one after another the laboriously built civilizations of the ages, which temporarily revealed the potentialities of the human spirit and promised mastery for man, came crumbling down in ruins with no human power or wisdom able to stay the destruction. Evil loomed as a dark menace above the earthly scene. In those dark ages of desolation man learned to distrust the world and human nature. The sacred books of the religions show clearly this feeling of frailty, a consciousness of the futility of man's best strength. But man refused to surrender his dream. Even in the blackest night the fires of the ancient hope of the good life continued to burn. If not in this world, nor in this age, nor in this life, then in some future age or in a blissful realm beyond this world of sorrow, the ideal would be realized, but not by human mastery of the existing world. Man projected his wishes beyond, behind, or above the actual plane of stern and disappointing fact to a realm of ideal perfection. The gods were glorified and magnified by human need. The greater the helplessness of man, the more all-powerful and all-sufficient became his gods. Thus in some religions the whole burden of responsibility for the actualizing of the life of bliss was imposed upon the High God. In others, men sought by world-

denial and world-flight to win the eternally perfect status of the absolute beyond time and change and evil, a Nirvana state of bliss and peace.

The fundamental driving force underlying all the manifold embodiments of religions among all peoples is the restless urge of human desires seeking satisfactions in group relationship. Religion may best be defined on the background of man's pilgrimage through the ages as the shared quest of the good life. Every religion has three phases: (1) the ideal, a vision of the desired values of the completely satisfying life; (2) the cult, that is, the technique by means of which the group feels confident the values may be attained; (3) the ideology, which as cosmology and theology interprets the way in which the environing universe is related to man's hopes and ideals. The relative stress upon cult or theology varies in the different religions and may change in any one religion according to the intellectual climate or the social problems of the age. The ideal is the central thing always in all religions, because it embodies the spiritual values toward which the religious quest is oriented.

Our modern age is witnessing the greatest transformation of the world religions that they have ever experienced in all their long history. Man has regained confidence in his own powers. The ancient distrust of human nature is now vanishing. The quest of the good life that sought fulfillment in the supernatural other world or in the beyond-life now turns again earthward. Responsibility for the creation of a good world in which the good life may be realized, which the frustrated ages of the past loaded upon the gods, is now being assumed by man. Modern science has undermined all the ancient theologies and religious philosophies built on the foundation of the naïve thinking of primitive man. Applied science has put into the hands of modern man the tools for the mastery of nature lacking in all the eras of antiquity. The social and psychological sciences offer at last the long-needed understanding of human nature and make it possible to hope for a technique of guidance and control. The ideal in this modern drift of the religions is still the ancient goal with a richer content—the complete fulfillment of personality, the realization of full joy in living.

Unfortunately there is great bewilderment among religious people, even among the intellectuals. It is difficult to realize that this modern idealism, building its world view and life view in terms of modern science, using scientific method and the instruments of science as its technique, is the modern embodiment of the religious quest of the ages. The ancient ideology, technique, and institutions claiming the name of religion still stand over against the new vision of the human task and the technique of science. The historic separation of Christianity as a religion of other-worldly salvation from the secular activities of politics and business, as well as the forced divorce from education, science, and philosophy, only adds to the confusion in the western world. In the Orient, where religion has always been a way of life in this world even though it was also a technique of escape from it, the transition to the new age is easier.

Religion now, as always, is a quest for satisfying values. Moreover its distinctive quality is that it throws open the door of opportunity to share in the values to every member of the social group. As a shared quest it is meaningless apart from its service to social living. It claims loyalty to the human task. Upon every bearer of specialized knowledge, upon every master of scientific technique, upon every expert in every branch of human endeavor, religion lays responsibility for the use of their knowledge and powers in the effort to actualize in social structure and in the behavior of men the human, spiritual values of the religious ideal of the good life. And to-day, spiritual values are not envisaged as vague, ethereal, other-worldly qualities, but as empirical, practical, and concrete goods.

II. The Nature of Spiritual Values.

It is not difficult to see why the pioneers in the religious sciences were inclined to make a division between the sacred and the secular. The separation was before their eyes. The secular life of the western world, eagerly practical under the stimulus of science and industry, seemed a thing apart from the church, with its interest in the supernatural world. Moreover the ideology seemed remote from the thought forms of the everyday life. At the same time the religious tech-

nique of magic ceremonies, sacraments, prayer, and mystic meditation was in striking contrast to the method and techniques of the sciences in the actual world of fact. Religion seemed to be a thing apart, with its own peculiar attunement to human nature and its own special methods of apprehending the unseen and eternal. Even scholars spoke of a "faculty of faith", a "religious instinct", a "religious consciousness", as though these were capacities of human nature distinct and separable. More light and larger knowledge have cured that error. In the same way, analysis has shown that there are no values that are religious *per se*. Religious or spiritual values are always values of living in human relationships. Under examination the values that make up the synthesis of the religious ideal are always seen to be some other kind of value as well—economic, political, æsthetic, social, or intellectual. Righteousness, justice, love, brotherhood, are empty words or meaningless abstractions apart from their concrete meaning in the social, economic, political milieu. In its ideal a religion clings closely to the values of living, and these are comprehensible only in terms of human happiness, and this, in turn, can mean nothing except in terms of the satisfaction of man's learned desires, physical and social.

A brief glance at the ideals of the good life in the history of religions will show that the values sought in early religions were always the satisfactions of the fundamental needs of the group life. They were simple and practical values—food, shelter, safety, sex fulfillment, group loyalty, and play. When this primitive ideal was carried beyond the barrier of death, as in early Vedic religion, then the hymns describe the realm of the "Fathers", "Varuna's heaven", as a place where the desirable earthly values are glorified and endlessly abundant, a place "where loves and longings are fulfilled, and all desire is satisfied".

In the religions of culture social values became more central. The quest was for a society in which peace, justice, love, and truth ruled the relations of men, where beauty and blessedness were blended. The ideal was this-worldly everywhere at first, but tragedy, social disasters, "a failure of nerve" in almost all the religions of the world, led to the

projection of the ideal to an age in the far future or to a realm eternal, beyond life. But in either case the spiritual values are not changed. Happy human life is always the goal, the full completeness of joy in a perfected human nature. Even in the ideals that seem most negative this is true. The Buddhist Nirvana and the Hindu Sat-Chit-Ananda transcend the experience of the ordinary human consciousness, but they are ideals of perfect bliss. When, as sometimes happened, both immortality and the gods lost significance for a religion, then the ideal of the good life returned cosily to earth and centered in the joys of noble living and the warm, kindly comradeship of friends.

The modern ideal of the good life must be social and inclusive in a completely this-worldly sense. Only in society is a worthful human life possible, but the happiness or sorrow of living belongs to the peculiar sanctity of the individual. Religion will test society by its adequacy in mediating to every individual the opportunity to embody in life experience the values of the social ideal. The embodiment in effective, harmonized personalities of the spiritual values dreamed of through the long ages in the religions of the world implies at least four things:

1. The sense of secure at-homeness in the world, which means not only freedom from the fear and anxiety of economic want but an emotional orientation to the cosmic process of which man is an integral part.

2. Enfoldment in happy social relations yielding the joys of comradeship, consolation, loyalty, and mutual aid. For the human multitudes this is perhaps the most precious value attainable and for the most highly placed intellectual the most certain guarantee of the joy of life.

3. Training and opportunity for creative expression in a worthful task. In a world where labor is the common lot even drudgery may be dignified by a consciousness of contributing to the richness and beauty of the shared life. Consciously bearing responsibility for purposive direction of the social process to nobler levels, creating new values, successfully laying the control of human power over larger areas of nature, molding material to the service of life by making machines to lift the load of labor from the shoulders of man,

guiding civilization into higher forms of cultural beauty—in doing this man experiences the buoyancy and thrill of healthy joy in living.

4. Finally, attainment of knowledge and understanding that will open the treasury of the heritage of human culture for personal enrichment and yield a sympathetic feeling of at-oneness with all peoples of all races and all ages.

In some such way the citizen of the modern world might realize the joy of living and taste the actual fruit of the religious, spiritual values that have lured the race along the weary centuries, following the religious ideal. But there are still lions in the path. Perplexing problems must be solved before even this simple and reasonable ideal of the good life may be won.

III. Some Phases of the Problem of Actualizing Spiritual Values

When the tragic heroism of man's religious quest is viewed in the long perspective of thousands of years, the changing forms of theology and cult fall into the background. Irrepressible human hunger for the good of life to be enjoyed is clearly revealed as the essential thread of interpretation of the long drama. The peoples of the earth have been seeking a happy home in the world. And always evil has thwarted fulfillment of their hopes. Other-worldly episodes in the history of religions are witness to man's indomitable refusal to be denied. In our age religions are reviving the ancient hope of achieving a society in which spiritual values may be mediated to the individual through harmonious adjustment to the social environment.

Yet evil remains. It is true that the menacing, metaphysical bases of evil no longer trouble thinking men. Cosmic devils and malignant demons have vanished before the brilliance of the sun of science. Nevertheless, the fact of disaster, physical, mental, and moral, still threatens the craft of human happiness. It is a great gain, however, that evil is now reduced to comprehensible terms under the categories of natural and social. The first consists of those phases of the natural environment not yet subjected to human control; the second, much more important and the source of most of

the unhappiness of men, may be described simply as personal and social maladjustment.

The realization of the good life by the masses of mankind depends upon the cure of these maladjustments. But more important than the reorganization and reorientation of any specific situation of maladjustment is the achievement of a method of progressive adjustment in our increasingly complex civilization, with its processes of ceaseless change. Not only are our values becoming more complex in their specific meaning but the social-economic complexity of this age of machines makes for increasing maladjustment of the individual in society. Tension, anxiety, fear, apprehension, self-distrust, indecision, moral uncertainty, are all accentuated. On the one hand, the accepted and simple patterns of behavior of earlier generations are disintegrating, and on the other, there is a perplexing intricacy and novelty in the personal problems and social situations of the modern age. The interest of the religious scientist lies in indicating that the achievement of the social order in which harmonized personalities will embody spiritual values is not to be sought in any mysterious, extra-scientific source, but only by the discovery of a method of eliminating these thwarting maladjustments. The successful solution of the problem will demand a synthesis of the wisdom of the social sciences, a collaboration of specialists in the use of scientific method in every area of social facts.

The fundamental need is to provide release from avoidable nature evils. One must possess the normal capacity for living before he may hope to live well. It is a commonplace now to say that many of the things called "sin" in the older theology were the result of defective bodily structure or an unfortunate heritage. It is an inestimable boon to be well born. Medical science must be the arbiter here, or, by a farther remove, a sane and cautious eugenics. There is, however, an economic base to many cases even in this category of ills, for while science knows the cure for malnutrition and many devastating physical defects, poverty and ignorance often bar the door to release.

Our modern civilization has multiplied the number and seriousness of social ills resulting from the conflict of desires.

The rivalry of man with man, group with group, nation with nation, and race with race, grows more menacing because of the parochial aspect of the earth and the amazing development of instruments of power. Selfish groups drive to their objectives over the broken hopes of their unknown victims. No single individual can visualize the manifold ramifications of this conflict of purposes of organized groups, extending from the village community to the arena of international affairs. This maladjustment of social-economic relationships is perhaps the major evil to be mastered by modern men in their quest for the good life.

A peculiarly cruel phase of the faulty adjustment of individuals in society is the dislocation and displacement produced by the rapid development of machines and labor-saving devices. The monotony and drudgery of industrial labor was a problem in itself, but it is a strange irony that when the drudgery is transferred to machines and the goods of the world increase, the result is not more leisure and enhanced welfare but an increase in fear, privation, and suffering for the new recruits to the army of the unemployed. And yet the religious ideal has always proclaimed the supremacy of human values over all the material instruments of civilization. Only social and economic science oriented to the ideal of shared values can show the way to the "cure of souls" entangled in this form of maladjustment. All else would be superficial.

Still another form of evil results from the disorganization of the psychic life of the individual either because of conflicting social controls or through the struggle of imperative individual desires against the ideals of a group relationship. The interweaving multiplicity of groups in the modern world and their conflicting ideals, make the achievement of a unified and strong personality more difficult than in the simpler world of yesterday. An individual may be a member of a score of social groups, each with its own code of behavior. No single moral ideal runs through the diverse groups in modern society, and unless the individual is securely anchored in loyalty to some one of them he is in constant danger of psychic distress.

A peculiar form of emotional maladjustment is evident

among those who have been recently and suddenly disillusioned in regard to the traditional guarantees of the old theology. It is a rude shock to be robbed of the infantile attitude of dependence, of wish fulfillment in times of frustration, of flight to supernatural consolation in the face of harsh reality. To be tumbled from the eternal security of the everlasting arms into the actualities of the pluralistic world of fact has caused emotional distress to thousands of youthful intellectuals unprepared by their religious education to feel at home in a naturalistic universe. This is a peculiar problem of our transition age, but until religious education learns how to orient the new generation emotionally to the facts of the world as it is, the problem will remain as one phase of the "cure of souls".

All signs point to the dawning of a better day. The religious quest for the values of the good life may face the future with more courage than ever before, for now the techniques and methods of the sciences are available for the service of man. This is the best guarantee that the ideal will be formulated on the solid basis of facts, and the surest ground for hope that paths will be formed through the thick undergrowth of problems and the tangle of maladjustments to the social order, paths that will make spiritual values available to every child allowed to enter upon the adventure of living.

This interpretation of religious values and of the problems involved in actualizing them in human living is done on the background of a specialization in the religious sciences. The writer can make no claim to competency, and certainly has no specialized knowledge, in the field of mental hygiene. To the expert in personal adjustment an observer of the drift of religions in the modern world may say that any adequate preparation of the new generation to be creators and enjoyers of the good life will demand: (1) provision for bodily health, (2) emotional orientation to the life of this world in a fearless facing of facts, (3) training in the ability to think so as to yield tolerance, sympathy, expectancy of change, readiness to understand and to coöperate, and finally, such an adjustment of the social environment as will enfold the growing child and working adult with security, provi-

dential care, recognition, and stimulus to creative endeavor. This is to ask much, but nothing less will be enough. These things scientific wisdom and good will must find the means to provide if the age-old dream of religions, the achievement of a good life in a world made good, is to be realized.

Finally, it is surely superfluous to warn experts in mental hygiene regarding the danger of emotional crises in the use of the technique of other-worldly guarantees and compensations in dealing with young people in this age of science. For adults, indoctrinated in tradition, there may be special cases where the use of this compensatory mechanism may be indicated. Even then the problem is merely met by a palliative; the cure lies deeper. For children, to continue the infantile status into later age by the transfer of parental protection and security to a supernatural guarantor is to run the risk of checking free moral development, to make possible an escape from social responsibility, to open the door to flight from the realities of the actual world. Then the individual either fails to mature religiously as a citizen of the new age or makes the adjustment only after a sorrowful period of emotional storm and stress. It is inevitable that there will be many such cases in a transition age such as ours, but the wise guide of the growing child will seek to give him an emotional security and at-homeness in the natural world, a feeling of comradeship with all his fellows in the world task, joy in living as a responsible bearer of the human heritage, and loyalty to the shared quest of the values of the good life to be enjoyed in a shared world.

MODERN PROBLEMS IN PSYCHIATRY *

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(Translated from the German by Miss E. F. Dexter)

IT is occasionally maintained that scientific advance follows a spiral movement, coming back from time to time to the same point. In psychiatry certainly such a movement cannot be overlooked. It repeatedly occurs that in wide periods, first a greater attention to psychology makes itself felt, then a deeper interest in biology. This shifting of the interest has been accompanied in the last few years by discussions of the question whether psychiatry is a study of the natural sciences or one of the philosophical sciences of the mind. Both possibilities are emphatically upheld by various investigators and just as emphatically denied by others. At last there has emerged a conciliatory opinion—that psychiatry has both a natural-science and a mental-science side. Frankly, one may be surprised that this opinion has been so long in appearing. It is partly to be explained by the fact that up to quite recent times it was considered beneath the dignity of a physician to be thought anything but a representative of pure natural science. If a psychiatrist allowed the suspicion to arise that natural science was not all-sufficient for him, he exposed himself to the danger of being stamped a metaphysician; that meant that he was not taken in earnest. Now, of course, not every one is willing to be considered unorthodox in the minds of his colleagues. So perhaps many a secretly threatening ostracism has brought about that investigators in psychiatry have ceased their considerations and investigations because they were not willing officially to take the responsibility for abandoning the basis of natural science, that is, the basis of causality.

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It must, however, be emphatically repeated that it is impossible to do justice to the individual, the personality, with the cause-and-effect method of natural science. Man is not alone a conglomeration of morphological categories and a substratum of biological processes, but he has also a soul, and with body and soul he is established in a community; this constitutes his life, ordered as much by the principle of cause and effect (causal principle) as according to ends (final principle).

Psychiatry brought forth in the last century two powerful personalities: Kraepelin and Freud, the clinical investigator and the psychologist of the depths of the soul. It would be interesting to follow in detail the effects and counter-effects of these two antipodes; but that does not come within the scope of the present paper. However, the present situation in psychiatry might perhaps be clarified by a few remarks concerning Kraepelin and Freud.

Kraepelin always started from the basis of psychiatry, the clinic, to which he also always returned. He was our great systematic investigator, and saw and formulated classic case histories, which form a part of our permanent possessions. Filled with the conviction that psychiatry as a branch of medicine could be only a natural science, Kraepelin, even in the use of the auxiliary sciences, always maintained the standpoint of the natural sciences, and even psychology he used only in so far as he thought that it could be applied as physiological and experimental science.

Freud early placed himself in open opposition to clinical psychiatry and often called attention to its narrowness, which seemed to him dogmatic and not concerned with reality. For him it was important to find the way into the depths of the psychic mechanisms of his patients and to show why certain pathological reactions occur. Yet in this he always sought connection with biology and remained in the realm of cause and effect. Only in very recent years, it seems to me, does a teleological point of view appear in his utterances.

There thus results a remarkable parallel tendency, a double "either-or", which for many years had an important influence on the position of the individual psychiatrist. Kraepelin or Freud? Causality or finality? The psychiatric schism

that is contained in the first question has over and over again divided psychiatric spirits and has often enough led to discussions which cannot all be considered (formally at least) as scientific work. The second question has, as we have seen, caused many psychiatrists to desist prematurely from their efforts in order to remain in the realm of cause and effect. On the other hand, this alternative has caused the school of individual psychology to fall into a too one-sided emphasis of finality in which its valuable principles have always been discussed from the same points of view without attaining any further advance.

To-day we do not take the standpoint of an unyielding "either-or". We use Kraepelin's life work and we make use of whatever in Freud's work seems to us unassailable. We are representatives of natural science, and do not forget causality when we observe and treat patients. But we do not refuse the idea of finality, because we are not concerned and do not wish to be concerned with isolated physiological or pathological processes and reactions, but with patients and objects of investigation that are personalities living in their environment. Analysis, synthesis, description, we place beside each other as equally justified under the ruling point of view of personality.

We now find ourselves in the midst of the present-day efforts of all medicine and psychiatry, in which the idea of totality plays an important rôle and which with varying views and methods have been directed toward the study of the personality in a really self-evident recognition of the fact that illnesses are only abstractions, but that the doctor must always handle patients. In almost all branches of psychiatry it can be seen that attention is being concentrated on the investigation of the personality; this investigation has become an almost independent field in psychiatry; even a person of acknowledged psychological interests, Utitz, has recognized the contribution that psychiatry has to make to the investigation of personality. With clinical, structural-analytical, psychoanalytical, and genetic methods, we are following up with visible success the building of personality, and with a zeal that has received new impetus from Kretschmer's impressive teachings. At the same time, however, purely bio-

logical investigations in anatomy, serology, and biochemistry are being successfully carried on, and psychological studies in various directions are gaining ground. We can say: There is very great activity in all fields of psychiatry.

We should not advocate in any way even a theoretical division of methods of work between natural science and philosophical science in psychiatry. We do not wish to lay down rules but to continue our advance with all the means at our disposal. But we should like to be assured that no attempt will be made under the pressure of the successes in the field of the investigation of personality, to shift the center of gravity in psychiatry. We consider it necessary at this moment when so many auxiliary fields are being developed in psychiatry (fortunately with increasingly mutual understanding) to be quite clear as to the fact that the clinic has always been and always will be the foundation for psychiatry. This is no question of strength or of academic vanity, but a simple fact. To be sure, we do not mean a clinic where the field does not extend beyond a few "important diagnoses", but the modern clinic where with full mastery of all psychiatric tools the description, analysis, and synthesis of all patients can be achieved—the modern clinic that is not satisfied to have made a diagnosis, worked out a plan of treatment, or performed an autopsy, but that endeavors to understand the patient as an individual as well as to trace out his genealogical and social situations in order to proceed from all sides along new paths.

For this modern clinic the ideas that Karl Birnbaum has introduced with his structural analysis are of importance. We can no longer limit ourselves to attaching to each individual case the label of a diagnosis of one dimension, but we must try to understand the sick man and the processes taking place in him, in his pathogenetic and pathoplastic structure. If, according to Birnbaum, the greater clinical importance attaches to the pathogenetic, nevertheless no detail should be neglected in the pathoplastic. For everything belongs to *one* continuity, the continuity of an indivisible personality, an individual. It is often possible, starting out from an apparently unimportant detail, to delve further and further into the understanding and the recogni-

tion of the psychotic personality, so that the question, for example, whether in the case of a delusion an intelligible association that has been reached means an association in the mind or a genetic association—this question loses its importance in comparison with the fact that any association at all has been discovered. The arranging and classification of the associations afterwards will scarcely cause insuperable difficulties.

Modern psychiatry will also find a satisfactory solution to the old boundary quarrel with neurology. It must be admitted that the real problems of psychiatry do not intrude upon neurology, and the union of psychiatry and neurology that has been popular in recent years has been, in spite of undeniable common interests, somewhat superficial and caused by superficial reasons. Organic brain sicknesses belong in the field of the psychiatrist as well as in that of the neurologist—there can be no question of jurisdiction here; but one should not lose sight of the fact that the points of view of the psychiatrist and the neurologist do not coincide in this field. It does not seem to me out of the question that the great neurology-hunger that many a psychiatrist has occasionally developed was originally connected with a certain embarrassment, which was related to the real psychiatric problems. This embarrassment was, of course, not hard to understand in view of the abundance of psychiatric work for which incidentally there was no corresponding wealth of ideas. It would be absurd to waste words on the meaning of brain pathology for psychiatry. And one would utterly fail to grasp the situation, if one did not recognize the fundamental importance for psychiatry of the investigations of encephalitis epidemica and the resulting conditions. But it would also be a mistake because of investigations of the brain and encephalitis to clothe psychiatry with a neurological dress. Neurology is in itself an independent science; applied to psychiatry it is an auxiliary science, like anatomy, genealogy, serology, psychology, and so forth. An overemphasis of neurology in psychiatry would bring with it the danger of distracting psychiatry from its own problems, which are numerous, interesting, and important enough. Neurological training and neurological insight are, of course, necessary for the psy-

chiatrist because they aid in assuring him on the side of natural science, on the causal side. This assurance is especially necessary for those psychiatrists who tend to slip too much into psychological speculation; that one does not get far in psychiatry through speculation needs no further explanation.

That leads us once more to clinical psychiatry. Modern clinical psychiatry is so well and strongly grounded in itself and with the support of the auxiliary sciences that it need not even fear speculation. For there are no speculations that can maintain themselves before a strict empiricism—and *clinic* means *empiricism*. In its comprehensive position as the very basis of psychiatric science, the clinic, or rather clinical physicians, find one of their most important callings: the psychiatric training of medical recruits in general and the educating and aiding of the future psychiatrist in practice and in science. The clinic must be an institution for instruction and investigation, and for this task it must combine an optimum and a maximum of possibilities. If that is the case, then the clinic will be able to work more and more fruitfully in scientific and in practical or applied psychiatry, the most important branch of which we greet to-day in mental hygiene.

PSYCHIATRIC EDUCATION*

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ANY attempt to delineate and prescribe psychiatric training is fraught with difficulty and danger. Instead of helpful criteria and useful landmarks, one finds a maze of conflicting opinions, even bias, prejudice, and intolerance. Much of the difficulty has been historically conditioned. While it is true that the accumulation and evolution of all medical knowledge has been a painful process, subject to many hazards and faced by many obstacles, yet it is even more true that no branch of medicine has fared quite so badly as psychiatry. Compare its growth, for instance, with the growth of that body of information which to-day comprises internal medicine. Internal medicine has had its peaks and its depressions, but all in all its evolution has been gradual, and it has entered each succeeding century with a larger and firmer stock of unassailable traditions and a higher and stronger bulwark of scientific data. Psychiatry, on the other hand, has a long history, which by and large is scientifically lean and bleak and humanely rather horrible. Then, perhaps too suddenly, came the fat years, and the starveling was somewhat embarrassed by an almost superabundance of food. To-day psychiatry, by virtue of its scientific and social importance, stands in the very front rank of medical specialties and yet is sadly in need of perspective and sound tradition. Every day it is obliged to formulate answers to urgent questions, and upon the correctness of the replies depends much of the future of psychiatry. A particularly urgent question concerns the requirements and the training necessary for psychiatric practice.

The speaker need scarcely state that he does not presume to be able to answer this question. The very highest aspiration

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of this presentation is that it may be considered suggestive. There will be no exposition of sample curricula or training time schedules and no list of required or advisable preparatory subjects. Probably we are not quite at the time when this can be satisfactorily achieved.

Our best lessons in life seem to be learned when we are brought face to face with inadequacies and needs. At once we are stimulated to trace the inadequacies to their sources and to try to supply the needs. Before a man starves or permits others to starve, he will think of many methods to obtain food. In psychiatry many of the inadequacies are in us, the needs in our patients. If we can correct the inadequacies, we will be able to supply much of what is needed.

On an altogether insufficient basis, I should like to consider the problem from these three vantage grounds: (1) the psychiatric needs of patients who come to the general practitioner and his inadequacies in the face of these needs; (2) the needs of the patient who comes or is brought to the psychiatrist and his deficiencies in meeting them; and (3) the somewhat unusual requirements of the sick individual who is apt to come into contact with the psychiatric specialist, who, along with certain important assets, no doubt has also certain deficiencies. If, in any case, these inadequacies, deficiencies, and lacks can be attributed to faulty training, then they should be correctable. To complete this introduction, it should be mentioned again that a survey of the problem involves not only the general practitioner and the psychiatrist, who may be taken to correspond to the organic neurologist in his field, but that the rapid growth of our science has opened new subdivisions of thought and practice, so that one is impelled to a consideration of such psychiatric specialists as the analyst or the child-guidance expert. They might be likened to the neurosurgeon and the neuropediatrician in the general field of neurology.

THE GENERAL PRACTITIONER

What type of clinical psychiatric material comes to the general practitioner? Statistics are not presented, yet in a sense this statement is statistical. It is founded on the con-

sidered opinion of many practitioners and has the additional basis of some years of consultation practice. Finally, it is stimulated by reverberations from patients and their families, some unsatisfactory years after the onset of what might be termed a psychiatric illness. Somewhat arbitrarily, the psychiatric segment of the general practice of medicine may be subdivided and placed in the order of frequency about as follows:

A. The neuroses.
B. Organic disease seriously complicated by neurotic additions.
C. The psychopathological implications of chronic organic disease.
D. The mental aspects of convalescence.
E. Complete or partial psychopathological problems in children.
F. Unadulterated psychoses.

I have no hesitancy in committing to paper the conservative belief that the first five of these groups make up more than 75 per cent of the clientele of the general practitioner during the first ten years of his professional life. The percentage clearly recognized as psychiatric by physicians is, of course, smaller than this. Finally, well-defined psychoses constitute less than 5 per cent of general practice.

It is obvious that the physician in dealing with his patients utilizes the most trusted weapons that he can find in his psychiatric armamentarium. These weapons have been forged during the days of his student life and sharpened by practice. Not so very often are totally new weapons forged.

When an estimate of the capacity of the doctor to satisfy the psychiatric demands of his practice is attempted, it must be remembered that this presentation necessarily deals in averages. Did the scope of the paper permit, it would be proper to note many fine exceptions to the general rule. It would seem, however, that the following is not an unfair criticism of the information and technique that are available to the practitioner in meeting his inevitable psychiatric problems. It is necessarily summarized.

The physician and functional disease.—The term "functional disease" is used because the problem embraces much more than the classical neuroses—hysteria, neurasthenia, psychasthenia, and anxiety states. The author is willing to risk the criticism invited by the statement that the general physician should and must treat functional illness. In the first place, it is so common that only a small fraction of it will come to the attention of the specialist. In the second place, functional phenomena in many instances are so closely interwoven with the symptoms of somatic pathology that any accurate separation and labeling of the exact nature of the case is out of the question.

It is interesting to attempt to trace what happens to the patient who presents himself to his family physician and who is entirely or predominantly sick, not in his organs, but in his functions. In a considerable number of cases, the physician's attention is engaged by physical expressions of basic functional disturbance. These physical expressions are innumerable and include such everyday symptoms as headache, nausea, vomiting, gastro-intestinal and cardiocirculatory complaints, and so on. If the treatment is directed solely at the deceptive surface symptoms, the result will be failure or at the best very slow and indifferent progress. Again, the physician will recognize the essential functional complexion of the situation, but for lack of confidence, or occasionally for want of interest and, perhaps, chiefly on account of the absence of any suitable technique of therapeutic approach, he will deal with it in a hesitant and vacillating manner. The resultant unsatisfactory reaction of the patient is apt to increase his uncertainty or deepen his boredom, and the patient is referred to another practitioner or a specialist or, perhaps, treatment is continued on the basis of stereotyped prescription writing. All this is of the greatest practical importance to the physician, since it is conservatively estimated that 70 per cent of his daily work is concerned with functional, and not organic, pathology.

"Acute" and "chronic".—For some reason, perhaps related to a defect in our system of medical education, the young physician is apt to begin practice dominated by what might be termed the fetishism of the "acute". In other

words, he is likely to regard acute disease as something glorious and well worth his attention, but is apt to dismiss chronic disease as more or less uninteresting. Such a point of view is wholly fallacious. In the first place, acute illness—by which is implied a pathologic process in which a complete restoration to the former state may be achieved—is quite rare. Exclusive of some of the infections of childhood and a very few in adult life, but few examples may be cited. On the other hand, the so-called chronic diseases, in which improvement, but not absolute recovery, may be anticipated, are legion and make up a large proportion of everyday practice. One has only to consider the host of heart, circulatory, kidney, liver, and nerve involvements in which there can be no hope of restitution *ad integram.* It is entirely reasonable to state that the drift of patients toward various "isms" and charlatanry is in part due to the fact that it is difficult to arouse in some physicians enough enthusiasm and interest in the treatment and management of chronic organic sickness. The charlatan professes an interest and promises the impossible, and is often a liar and a cheat, but he does recognize the value of mental therapeutics. One suspects that the practitioner, too often, is uninterested and nonplused, because his medical education has failed to supply him with sufficient information and proper techniques.

Mental hygiene has always emphasized the necessity of applying psychotherapy to the mind of the individual whose life is limited and hampered by chronic pathology. Legitimately and honestly there is much to be accomplished. If hope and the will to coöpèrate are kept alive and pessimism and despair prevented, amazing physical improvement may be secured and maintained for long periods of time. This involves an intelligent study of the patient and of his physical, psychological, and environmental states, followed by an earnest effort to secure the most satisfactory adjustment. The conservation and utilization of the brain power to be found in those who are suffering from such conditions as chronic cardiovascular and renal degenerations, tabes, the sequels of cerebral hemorrhage, or what not, has, in many instances, conferred enormous benefits on civilization.

Convalescence.—Convalescence from any serious illness is overwhelmingly a problem of psychiatry. The acute drama of the sickness is over, and the actual danger safely passed. There remains only the tedious and irritating return to complete health and strength. Roughly, convalescents fall into two groups: in the first is the patient who is impatient of the slightest delay, who wishes to run before he can walk; in the second is the potential neurasthenic whose illness may have been a long and exhausting process, but had its pleasant features in the way of unlimited interest, care, and attention. All this is now over. The patient is still weak and miserable, but seemingly he is expected to "get on" rapidly and soon be ready to take up once more the strife and stress of the struggle for existence. Small wonder that he may hold back unconsciously and "keep" a few symptoms. After all, it may be "nice" to retain the center of the stage a bit longer. It is in this way that the neurasthenic is sometimes made.

Even skilled physicians may fail to cope with the needs of the convalescent patient, largely because they lack psychologic information and technique. Here is urgently needed the psychiatric point of view. The difference between considering convalescence as a mental problem and disregarding this, its most important aspect, is often the difference between a completely recovered patient and one who will remain handicapped for years or even for the remainder of his life.

Psychopathology of childhood.—A fairly accurate gauge of the psychiatric or potentially psychiatric problems of childhood that present themselves to the general practitioner may be obtained from the following actual and sequential experience table: enuresis, temper tantrums, sullenness, unexplained crying spells, lying, fears, "fainting", masturbation, torturing animals, seclusiveness, setting fire, jealousy of brothers or sisters, running away from home, slowness in school, thumb-sucking, lying, stealing. It is obvious that these problems are overwhelmingly psychopathological.

An informal verbal questionnaire reveals inadequacies as against these somewhat urgent needs. At the bottom of the list there is a small group of physicians who believe that such difficulties may be neglected or at least minimized and safely

left for their solution to the mythical spontaneous-healing effect of "growing-up". A larger group of physicians showed a native, shrewd psychological insight which might be of some service in the more obvious situations. Almost never was there any real psychological understanding of the developmental phases of the mind comparable to the knowledge of the embryological and developmental phases of the growing body. Such processes as imitation, suggestibility, curiosity, savagery, the meaning and importance of "love of power", and other factors equally potent for mental weal or woe were scarcely understood at all. There was no semblance or even pretense of technique. A corresponding ignorance in regard to nutritional problems would play havoc with the physical welfare of children.

In a sincere effort to discuss frankly and constructively the psychiatric preparedness which the medical-school graduate takes into the world of general practice, it is not possible to avoid embarrassment. Such embarrassment arises from the fact that in some medical schools notable progress has been made. Again the author falls back on the defensive plea of averages. From this point of view, the student receives, during his third or fourth year, a course of formal lectures in psychiatry, perhaps a series of clinics covering and expanding the same ground, and, finally, a certain amount of so-called section work, which provides an opportunity for intimate contact with patients who usually present frank mental disease.

There are no accurate statistics as to the number of hours available, but at a Class A medical school, the department of psychiatry is given 70 hours during the senior year. Probably in general more than 60 per cent of this time is utilized for somewhat formalized psychiatric presentation and study. In other words, the bulk of time available is devoted to teaching the student how to cope with problems that will constitute less than a 5 per cent segment of his future practice.

The remedy is not simple. The mind of the student is overloaded, and he wants to consider in so far as is possible only concrete facts and crystallized information. Again, for the sake of the student, the requirements of boards of licensure must be considered. Nevertheless, the needs of the patients

who will seek his aid in a few years are, after all, paramount considerations. One source of relief would be a graduate course. An alternative would be a utilization of the time available without much regard to the student's conception of "courses" or the questions of state boards. It is not impossible that the alternative would emphasize and popularize a period of graduate study.

What material should be presented? It would appear that any effective technique against the ordinary and common problems of practice must presuppose as fundamental some understanding of human personality in terms of the total reaction between individual and environment. This is all the more important since so much of the attention of the student must be focused on the material and the physically objective. Day after day, the heart, lungs, liver, kidneys, and various bodily systems are sharply visualized—embryologically, anatomically, histologically, physiologically, and pathologically. This is clearly necessary, even though it tends to produce somewhat too discrete and synthetic a picture of structural man. The background of biology, comparative anatomy and, later, morbid anatomy, neuropathology, and other subjects is extremely helpful, but not quite sufficient to give the student the conception of integrated and dynamic structure. The student probably pays a penalty in the subsequent limitation of thinking "structurally", but this is more or less inevitable. If, however, his psychiatric training implies comparable discrepancies, and he leaves the medical school thinking of psychic, emotional, and cultural man in a discrete, synthetic, and crystallized fashion, then he will never be able to deal successfully with the psychiatric problems of general practice. Instead of too much formal psychiatry, there should be inculcated some understanding of psychology—dynamic and not academic psychology. If at all possible, this should be preceded by at least an elementary exposition of anthropology. A psychological course should lead to psychopathology as naturally as histology leads to pathology. There is no need at all of reviving the ancient feud between the organicists and the functionalists. The known organic aspects of psychiatry are bound to be stressed as they should be. Furthermore, no

one can predict the extent of the territory that, in the last analysis, may be found properly to belong to organic pathology. Nevertheless, we are facing fact and not theory—notably the hard fact of considerable inadequacy in dealing with the psychiatry of general practice. It seems obvious that under the present teaching plan such inadequacy is bound to continue.

To give the student a relative psychological idea of man and to point out ordinary and common psychological deviations and distortions is not sufficient. In fact, such an idea could not be presented at all without frequent and copious reference to environment. In this respect, the "physical" branches of medical science do better. They study disease not only in the sick individual, but also from the standpoint of environmental conditions that tend to favor the development of disease or to protect against its occurrence. In a sense, the environmental and, broadly speaking, the social implications of disease are studied. Here is a dire need in the psychiatric education of the medical student. I presume he ought to be given a psychiatric social perspective—a sociology that stands in the same relation to the usual academic sociology as does dynamic psychology to the academic psychology of weights, measures, and sterile definitions. From the point of view of the types of psychiatric problem that the practitioner is asked to solve, the medical student should be equipped with the kind of psychology and sociology that studies the species from infancy to old age in the general and particular environments in which it is placed.

A fair objection is that the requisite amount of time is not available. This is perfectly true. Nevertheless, even for the undergraduate, the allotted time could be better utilized. Finally, it is not too much to ask the teacher of psychiatry to leaven the whole loaf of medical education. If, as was demonstrated, the army neuropsychiatrist was able to give lay officers the psychiatric attitude, then it is not too much to assume that the professor of psychiatry and his staff should be able to imbue his brother faculty members with the same attitude; and, unconsciously, it is bound to be incorporated into their daily teaching.

THE PSYCHIATRIST

It is not too difficult to obtain a cross section of the clinical material that comes into the hands of the practicing psychiatrist. While the situation varies somewhat according to particular skill in this or that direction, yet it would appear from an informal survey that the patients group themselves somewhat similarly to those of the general practitioner. There is a preponderance of the neuroses. The classification of organic disease complicated by neurotic additions is relatively large. The psychiatrist is less apt to come into contact with the mental-hygiene problems of convalescence or chronic organic disease, unless they are severe or unusual. Behavior disorders in children are more frequent in his practice. Frank psychoses are more often brought to his attention. Finally, there is an important group which, for want of a better term, can only be described as problems of adjustment.

It is much more difficult to evaluate the assets and limitations of the psychiatrist, and even harder to suggest how they might be increased and minimized by training. This is due to the fact that there are so many varieties of psychiatrists. For instance, there is the neurological psychiatrist who sees his patient chiefly in terms of neuropathology; the endocrinological psychiatrist who sees mainly in terms of ductless-gland disorders; the psychoanalytical psychiatrist who approaches his patient largely from the side of analytical theory. Perhaps the problem may be somewhat simplified by the suggestion that wherever the therapeutic approach that seems to be indicated is highly technical, as in analytical catharsis or in certain types of child guidance, then the psychiatrist should delegate the treatment task, unless he is thoroughly trained in these specialized developments. Furthermore, of course, while there should be a sound understanding of these important ramifications of psychiatry, it is scarcely feasible at this time to regard intensive training in them as a requisite of preparation.

Perhaps at this point it might be helpful to insert a summary of the complaints against the psychiatrist that are sometimes heard in the court of patients, fellow physicians, and intelligent laymen in whose families there has been psychia-

tric illness. In the order of frequency, these complaints seem to be about as follows: (1) that the psychiatrist is not sufficiently interested in the psychological aspects of the patient and his illness; (2) that he has a particular therapeutic theory which he tends to apply to all patients; (3) that he is too casual about environmental factors; and (4) in contradistinction to (1), that he neglects the organic aspects of his cases.

One cannot discover a formula that will remove these objections. An attempt to reduce them to a minimum, however, would result in a training formula something like this: A thorough grounding in neuroanatomy, neurophysiology, and neuropathology, but certainly not emphasized to the extent that a crystallization of thought is determined, nor again to the extent that the student psychiatrist does not realize that beautifully stained sections of the central nerve system or theories of metabolism will not serve him therapeutically in about 80 per cent of his future practice; a postponement of training in the psychiatric specialities until principles are thoroughly learned; and, finally, a more intensive study of the environmental factors that appear to influence the incidence of psychiatric illness. The opinion of Adolf Meyer carries weight, since he qualifies not only as an eminent psychiatrist and teacher, but also as an authoritative neuropathologist. He writes: "Our pathology does not get its most substantial facts from structure to-day, however much of our work does need the *control* of structure. Not even metabolism and the concepts current in parasitology and bacteriology, in neurology and toxicology, in physiology and endocrinology, are sufficient and profitable and applicable to a great extent. The concepts of neurology, structural and functional and experimental, rise only to a limited extent to the demands of what we meet in our experience. Yet all these must be utilized, and while we have to have the courage of our best possible formulations of the likely occurrences and emergencies with which we have to deal, these formulations must be kept in harmony and checked up by what the more early controlled sciences furnish us."

With this all too incomplete clearing of the ground, one may attempt a few thoughts on a graduate course for the physician who aims to qualify as a psychiatrist.

As psychiatric practice unfolds itself, it makes many demands beyond strictly medical limits; for this reason the graduate student should have attained a reasonably high cultural level. He should be a graduate in arts or sciences, and, of course, a graduate, too, of a Class A medical school. It may be hoped that his medical course has not fixed his mental reactions in regard to psychiatry.

Neuropsychiatry is a popular word. A neuropsychiatric course is usually one that combines organic neurology and psychiatry. Some thoughtful men are beginning to wonder if the union is not ill-advised. It is traditional, but nevertheless organic neurology in its clinical expression is to a considerable extent an exact science, with its diagnostic and therapeutic limitations somewhat dependent on the knowledge of the anatomy, histology, and pathology of the structural nerve system. While some of the lessons of neurology are valuable to psychiatry, yet it is not true that its diagnostic bounds are to be delimited by neuropathology, and if its therapeutic efforts are to be restricted by the information available on structural pathology, then they will be seriously hampered. Possibly it would be better to offer graduate instruction in psychiatry alone. A basic understanding of neuroanatomy and neurophysiology should be a requisite. Probably the bulk of pathological instruction should be confined to material that has been actually correlated with mental diseases—cerebral lues, toxic involvements, general somatic pathology, endocrine deviations, and the like. The course in psychology ought to be very thorough, intensive, and non-academic. Mental processes ought to be studied not solely as functions of the structural brain, but, also, as conscious and unconscious mechanisms, which operate not only in mental disorder, but in our everyday life. However it may be viewed, there is after all such a thing as the mind. The psychology of childhood can scarcely be stressed too much.

It is difficult to see how actual residence in a modern mental hospital or clinic can be avoided as a part of the training. To understand mental patients properly one must live with them. In a first-class hospital such service would naturally include out-patient work, with large opportunities for studying the border-line patient, the neuroses, and the many problems of adjustment that fortunately escape technical labeling. Resi-

dence in a mental hospital, with its extramural divisions, could properly consume one year of the student's time. Unless it includes an adequate child-guidance opportunity, there should be subsequent provision for that. There ought to be thorough theoretical consideration of such particularized subjects as psychoanalysis, industrial psychiatry, and medico-legal psychiatry.

One wishes that there might be a course in "Environment". It is sadly needed. If a goal may be set for the graduate student, it might be defined as an understanding of man phylogenetically and at the present stage of his evolution and in all the epochs of his life, structurally, emotionally, culturally, socially, and ethically. Such an understanding cannot be approached without appreciation of the tremendous part that has been played in the past and the influence that is now being exerted by environment, not only in its broad, material sense, but even in its most minute and personal implications. Unless this is at least partially accomplished, then the graduate student is scarcely able to cope with even a simple conversion hysteria.

THE PSYCHIATRIC SPECIALIST

Naturally, the practice of the psychiatrist and the psychiatric specialist should be confined to the field of psychiatry. Beyond this, the particular specialized branch determines the special nature of the work. The bulk of the work of the analyst will probably consist of the neuroses and adjustment problems in the adult. The child-guidance expert will be asked to consider behavior problems in children.

There can be no exact estimate of the deficits of the psychiatric specialist. There seem to be these impressions which may or may not be worth consideration: (1) that the highly developed specialist has specialized too far, so that he measures each patient by the same rule and applies the same therapy; and (2) that organic aspects are either overlooked or are too much minimized.

If these objections are valid, they probably indicate a hiatus in preliminary education. The difficulty may arise when certain steps in the graduate course of instruction are skipped. None of these should be omitted. The technical side of the preparation can be acquired only by actual experience.

Probably the student analyst should be analyzed and review and check his early work under the guidance of a finished analyst. The psychiatrist who wishes to engage in child-guidance work cannot escape a long period of labor in a child-guidance clinic under competent and experienced leaders. Each of the developments and ramifications of psychiatry demands a period of highly technical probation, but the proper sequence must be observed. Just as an individual should not be a psychiatrist until he is a physician, so should he not become an analyst or a child-guidance expert or an industrial psychiatrist until he is a finished psychiatrist.

While, unquestionably, certain revisions of undergraduate, graduate, and special psychiatric education are urgently needed, yet it is to be hoped that there will never be over-standardization. There should be no idea of completion or crystallization. Such periods in our mental growth properly denote senility. If there is any field of endeavor in which mental flexibility should be retained, it is the field of psychiatry.

THE NURSE AND THE SOCIAL WORKER

I had hoped to consider in detail the problems of psychiatric education for the nurse and the social worker, but the allotted time and space have already been exceeded. These problems are exceedingly important. To a very considerable and serious extent, general nursing and social-work training are deficient in their presentation of the psychiatric point of view. This seems especially true of nursing. In the average training school, the nurse receives a few formal lectures in psychiatry. An extremely common complaint and criticism of nurses even from excellent training schools is that, while skilled and superior in technique, they lack even an ordinary understanding of the psychological features of sickness. An already heavily overloaded schedule would seem to preclude any radical revision. Some improvement would be noted if, as a part of each course—medicine, surgery, obstetrics, pediatrics, and so forth—there could be given, by the department of psychiatry of the hospital, an exposition of the psychological needs of the various groups of patients. Wherever possible, the nurse should have at least some experience in the out-patient psychiatric clinic of the hospital. The prac-

tice of affiliation with mental hospitals should be encouraged. Here the student graduate nurse will usually have access to an excellent course and splendid practical experience. Unfortunately, this experience is too often confined to frankly psychotic patients. A period of out-patient service, where border-line situations and the neuroses are encountered, is extremely valuable. For the nurse who wishes to become a psychiatric nurse, a longer period of preparation is imperative. This preparation should not differ much in kind from that given to the graduate student in psychiatry, although, naturally, it will differ in degree and will be much simplified and much less detailed. For the nurse who aspires to the more particularized and technical aspects of psychiatry, there should be a nursing apprenticeship under a psychiatric specialist, in the child-guidance clinic, in the industries, and in other fields. There has not been much utilization of nursing potentialities in these directions.

Opportunities are somewhat more accessible to the social worker. Presumably the chief concern of the social worker is a close scrutiny of the environment, with the object of becoming skillful in increasing its assets and diminishing its liabilities for the patient. Naturally, this implies a careful study of the patient with the aim of increasing his environmental flexibility and diminishing any deleterious influence that he might have on his surroundings—both his own intimate surroundings and, more remotely, the whole social fabric. All sorts of economic and social considerations are involved. Since there is need of social adjustment and social therapy in every department of medicine, there are many types of social workers. Criticisms of the worker cannot be reduced to any common denominator. These two opinions are frequently expressed: (1) that the social worker has too little understanding of the psychological implications of organic illness; (2) that she has not sufficient appreciation of the limitations of psychiatry. The first objection is usually aimed at the general social worker, the second at the psychiatric worker. Perhaps they may be combined into the formula that the social worker does not think comprehensively of the *whole* patient in relation to the environment. In one case the situation might be illustrated by the worker in the field of tuberculosis who believes that the problem has been solved

when she has transmitted and explained the physician's directions concerning food, fresh air, and hygiene and, perhaps, suggested a household budget. As an example of the second, I might cite a psychiatric social worker's report on a child. It comprised about 200 pages. It was most elaborate in the matter of careful psychological study and recommendations, but it was only by chance that one came across a copy of the physician's note that the child unquestionably had juvenile paresis. It is possible that the general social-service worker does not have in her preparation sufficient psychological and psychiatric training, while the psychiatric worker does not have enough training in some of the fundamental principles of psychiatry. Thorough appreciation of the psychologic-psychiatric aspects of organic illness should be immensely valuable to the general social worker, and the study course should include both theoretical consideration and actual experience in this direction. The social worker who desires to specialize in psychiatry should find available fairly satisfactory theoretical courses with field work. It would seem desirable that before entering a specialized field—for instance, child guidance or industrial psychiatry—there should be a period of practical training and experience, which, among other things, will bring the worker into contact with some of the hard, irrevocable facts of psychiatry. In other words, it might be well to establish some understanding of the present limitations of psychiatry, organic and psychological. If carefully supervised and interspersed with experience in the less fixed and more hopeful content of psychiatric practice, it should result in a balanced, mature, and practical application of ways and means in the practice of the profession of psychiatric social service.

The very fact that there seems to be a consensus of opinion that the time will soon be ripe for the taking of definite steps in the improvement of training for the medical student, for the physician, for the psychiatrist, for the nurse, and for the social worker, and that this consensus of opinion will probably soon stimulate concrete action, is all in all an excellent index of the progressive character of the young science of psychiatry.

PSYCHOANALYSIS AND CHILD GUIDANCE *

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THE phenomenal growth of the child-guidance movement in this and other countries fully justifies the belief that this movement is responding to a very important and very widespread need in contemporary civilization. No critical estimate on a sufficiently large scale is as yet available for purposes of judging how successfully this movement is accomplishing its task in connection with the maladjustments of childhood. But when the time does arrive for such a critical stock-taking, it should include an effort to estimate to what extent this intensive preoccupation with the solution of the immediate personality and behavior problems of childhood is capable of contributing also towards the prevention of adult maladjustment, neuroticism, and failure.

In the meantime it is safe to predict that the findings of such a survey as regards both its curative and preventive aspects will depend less upon those features of the child-guidance enterprise which have lent themselves most readily to a rigid standardization and to popular acceptance than upon the kind of conception of the nature of man and the kind of psychological theory that influenced its procedure. The degree to which an enlightened but none the less undesirable opportunism must govern the practice of child guidance will always depend upon the degree of clarity and dependability of its theoretical background, and it might not be amiss to reëxamine some of the salient features of this background.

It is very likely entirely to the advantage of the child-guidance movement that among those directly engaged in it serious differences of opinion still exist concerning the validity and practical applicability, for the understanding and

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the management of the problems in this field, of the various contemporary schools of psychology. The choice is a wide one, ranging from the excessively timid, so-called "common-sense" approach which finds an unusual virtue in a strict avoidance of any generalizations whatsoever, to the extreme opposite, where a courageous experimentation in both technique and thinking characterizes the approach. The one extreme finds a very comfortable safety and a quite incomprehensible virtue in a high exaltation of the notion that human beings differ from one another. Therefore each case must be taken strictly on its own merits, etc., and they are able to persuade themselves very readily that their approach to each case is novel and unique because it is guided by "common sense". By inference, at any rate, the illusion is fostered that the element of common sense is entirely ignored by those methods of approach which are guided by general principles applicable to all situations of a similar nature. It would undoubtedly help the situation very much if the defendants of the "common-sense" method of approach took the trouble to define more accurately than has been done heretofore what is meant by "common sense". In practice it is of very little help to tell a teacher or parent to use common sense in the management of the problems presented by the children under their care. It is not an exaggeration to suggest that the preference for common sense in place of a general principle of procedure is usually resorted to when one is in disagreement with the principle in question. At any rate, scientific progress is characterized by the slow and laborious accumulation of general principles that are justified by a disciplined examination and evaluation of facts and is not characterized by a reliance upon that elusive, intangible, and uncontrollable something that we call common sense. The problems presented in the field of child guidance are never free from requirements of a common-sense nature as to their management. But such progress in understanding and practice as has been achieved has been made possible through a kind of informed and disciplined common sense that has precipitated itself in the form of certain dependable and generally applicable principles of procedure. Those who have had the opportunity to participate in the development

of the child-guidance movement will readily agree that its growth as a social-psychological instrument for the understanding and management of the personality and behavior problems of childhood and youth has been contemporaneous with the growing acceptance of the principles and data of psychoanalytic psychology.

Wherever a candid endeavor has been made to evaluate the phenomena in this field in a strictly scientific manner, as, for instance, in the case of the work of Dr. David M. Levy in connection with thumb-sucking and similar tendencies, evidence is forthcoming that these findings substantially corroborate some of the most hotly contested features of psychoanalytic psychology. It may not be of any particular practical value, but it is of importance historically to point out that the contemporaneousness of the growth in the child-guidance movement and of the growth in acceptance of psychoanalytic theory has not been accidental. The former would have been quite impossible without the latter. In this paper an attempt will be made to review the bases for some of the more important prevailing principles that underlie the theory and practice of child guidance, and to examine their relation to psychoanalytic psychology. Such a review must of necessity touch upon such questions as native endowment; the nature and significance for the destiny of the individual of its human environment, the human family; the nature and mode of functioning of the interrelations between human beings; the qualities that distinguish subjects from objective reality; and the importance of these distinctions for understanding and management.

It includes an examination of cause and motive as operative in conditioning human action and pursuit as well as the principles that are operative in a reconditioning of action and pursuit.

It should also include an attempt at discovering to what extent the data and principles of psychoanalytic psychology may lend themselves to the formulation of a normative discipline as regards human behavior and human adaptation, since the true meaning of child guidance, especially in its preventive aspects, goes beyond immediate requirements of correcting a maladjusted situation.

Much useless effort is still being expended in the direction of environmental modifications in connection with child-guidance practice because of the belief in the *tabula rasa* theory of human nature, namely, the theory that the human infant comes into life with an absolutely clean slate, so to speak, upon which its destiny may be written at will. It is maintained by the supporters of this theory, as is the case with the behavioristic school of psychology, that given the proper environmental conditions and a normally endowed infant, he can be made to develop into any kind of adult one may desire. There is a certain degree of truth in this assertion, but it conceals the fundamental fallacy of it. It is only by ignoring entirely the evolutionary history of man that one can fail to recognize the wealth of environmental influence that has become internalized and part of the human organism in the course of evolution and that is now transmitted from generation to generation in the shape of innate dispositions known as instincts. It is this native endowment of drive and aim that constitutes the nucleus around which the self as differentiated from the not-self develops. It is in connection with the necessary adaptation of this self to the world surrounding it that the difficulties and maladjustments of life develop.

As one author puts it: "Abstractly considered, the business of living consists fundamentally of effort, due to the assertion of one's being in the face of an environment which offers resistance. For each individual there are just two things that matter, his own self and everything else in the world as related to that self. In as far as other things aid or impede the assertion of the self they constitute a reality distinct from the self."[1]

It is also part of the evolutionary history of man that many of the conflicts between the self and an opposing world have become internalized and continue to become internalized in the course of individual development, so that "internal conflict" becomes of increasing importance in connection with adaptation. This internal conflict is maintained by two opposing tendencies within the organism that strives to sat-

[1] *The Unconscious*, by Israel Levine. New York: The Macmillan Company, 1923.

isfy two opposing sets of claims upon it—those of instinct or "nature" and those of environmental opposition or "culture".

While the evidence for this internal warring between repressed and repressing forces is readily discernible in the maladjustments and adaptive difficulties of the adult, in order to see in the difficulties of the child evidences of the same internal conflict it requires sometimes the courage to utilize a permissible degree of inference. The relative weakness of the conscious self, or what is commonly spoken of as the "ego", of the child and youth leads to the expression in conduct of impulses that are opposed by an unyielding environmental reality, thus giving rise to a variety of difficulties of adaptation. Or the imposition of a too severe repressive force leads to an excessive damming up of native impulse, with resultant inadequacies or circuitous forms of expression, which in their turn again lead to a variety of difficulties of adaptation. It is not necessary to go into greater detail at this point concerning the vicissitudes to which human instinct may be subject in its contact with reality. Neither is this the place for a detailed discussion of the mechanism of internalization of this impinging environmental reality in the shape of a "super-self" that becomes the internal representative of environmental opposition and repression.

Sufficient reference has been made to the subject of "conflict", particularly "internal conflict", to indicate how indispensable is an "instinct psychology", such as "psychoanalytic" psychology essentially is, for the understanding of the adaptive difficulties of man.

From the very first, the child is obliged to adjust itself to the requirements of an environment created and maintained out of the dispositions and preferences of adults. Its growing inclination to recognize these requirements and to adjust itself to them is opposed by innate forces that are primarily selfish and pleasure-seeking; and misunderstandings that in reality are the direct provocatives of maladjustment and difficulty are unavoidable unless the innateness and naturalness of these tendencies, which are in opposition

to the requirement for growth and socialization, are recognized and intelligently dealt with.

Intelligent management of this internal conflict offers opportunities that go beyond immediate adjustive requirements —opportunities that carry the promise of genuine preventive measures.

Normality, or normal adjustment to life, is practically synonymous with the achievement of a stable and workable compromise between the contending claims of instinct and culture. Too severe restrictions upon the living-out of that basic natural self which we identify with instinct not only leads to an unwarranted and crippling limitation of life, but predisposes the organism to seek outlet and release by means of circuitous and disguised reactions that we know as the manifestations of neurosis and misconduct. On the other hand, a weak, poorly integrated self, incapable of coping with the claims of instinct in yielding to the demands of society, also leads to maladjustments characterized by various forms of antisocial behavior, perversion, and personal disintegration.

In regard to both categories of failure, the issue is determined ultimately by the question of the kind of internal or subjective mechanism of control and discernment that the individual has succeeded in achieving. But while the raw material of this internal conflict, man's instinctual endowment, is a racial heritage and quite incapable of modification, man's controlling mechanism is almost entirely conditioned by his environment, particularly by his psychological environment. No one contributes more to the creation and characterization of this environment than the parent or parent substitute.

This brings us to the second point in our brief summary, namely, the evaluation of the nature and the significance for the destiny of the individual of his human environment, particularly of the human family.

It is quite impossible to do complete justice to this topic in the space at our disposal here. If I begin by reiterating what ought to be a truism, namely, that the fact of parenthood does not necessarily imply fitness for the task of parenthood, I do so because some of the most unreasoning and

acrid criticism of psychoanalytic theory has been directed against that phase of it that emphasized the destructive possibilities inherent in the admittedly beneficent enterprise of the human family. One need not go all the way with Ernest Jones when he says that murder, like charity, begins at home, to be able to give due weight to the clinical manifestations of the destructive possibilities of the home and of family relationships. It is entirely consistent with the march of events to look forward to the day when the right and privilege of parenthood will be defined in more civilized terms than they are at present.

The parent-child relationship might well be considered a coöperative partnership in the art and business of living. It is conditioned by important elements of a biological, a physical, a psychological, a social, and an economic nature. If at present I stress especially the social and psychological aspects of it, it is because experience justifies the belief that the greatest promise for a successful, deliberate shaping of human destiny lies in the discovery and the proper employment of a technique for the understanding and guidance of man's psychological and social dispositions. It does not mean that child-guidance practice ignores the limitations or advantages that biological, physical, or economic factors are capable of contributing to the task of human adaptation. But it is not the mere existence of these factors in the background of a human life that is of crucial importance, but the manner of one's adaptation to them. To be sure, man is a function of his environment, but he is also a creator of it to a much greater extent than he is willing to admit. In both these respects it is the nature of his social and psychological make-up and functioning that determines the issue. A serious hereditary burden frequently lurks in the background of happy and successful people. Even seriously crippled and physically handicapped people have been able to achieve a happy serenity and a useful life that are the envy of the more privileged, and their usefulness has at times been of outstanding significance.

The importance of the parent-child relationship lies in the fact that it is the inevitable experience of every human being. It is the portal through which every one must pass in his

journey through life, and since it is encountered during the earliest period of life, the first in a dynamic series, its importance for human destiny cannot be overestimated. The growth of the child is in a large sense a growth from simpler to more complex modes of adjustment. At each stage in this process where the necessity arises for the abandonment of an old mode of adjustment in favor of a new and more complex mode the parent and parent substitutes have the power to favor or hinder the step. Each step in this career of abandoning old ways of meeting the requirements of life in favor of new and more adaptive ones has the potentiality of acting as a useful experience or as a serious trauma in the life of the child. The parent and parent substitute might be looked upon as the catalyzers of this developmental process.

The difficulty of taking advantage in a preventive way of the parents' importance in connection with the development of the child lies in the fact that no generation of parents starts upon its task of parenthood entirely *de novo,* but carries into it the accumulated handicaps and advantages of its own developmental history as well as of its own contacts with a former generation. The manner of its management of the new generation is of necessity determined not only by the nature and disposition of the generation under its care, but also by this past of its own. It is not an exaggeration to say that the chief obligation of the adult world to the children of its generation is to render that adult world safe for the working out of the natural processes of growth. On its preventive side the task antedates the actual parent-child relationship. In order to be successful in guiding the child to normal development, the parent must himself have succeeded in managing in a healthy way his own instinctual problems, must himself have been successfully weaned away from childish and selfish and asocial interests. Only through the acquisition of their own freedom to grow and develop can parents be of assistance in the growth of their own children. The same applies to parent substitutes, teachers, etc.

The casualties of the home and the school are becoming more familiar to us. Formal education must be supplemented by a more vital type of education which gives the

boy and girl an opportunity to learn something about their own natures, to become acquainted with the more intimate life of instinct and emotion and with the rôle that this aspect of the human organism plays in shaping personality and in directing conduct. Only such an extension of the aim of education will render it less difficult to instill in the developing individual a sensible and non-distorted attitude toward questions of sex, marriage, and the family.

An accurate conception of the sexual or love life of man embraces not only its qualities of physiological hunger and biological purpose, but also those of human value and idealized aims.

It is in its very nature not limited to "genital functioning", but it is also infra-genital, anti-biological, and anti-social (the pre-genital phases) as well as supra-genital, the source and inspiration of the most treasured values in the cultural heritage of man (in its sublimated phases). Elsewhere I had occasion to define the concept of "family" from the point of view of mental hygiene. I then said, "By 'family' we certainly do not mean just the physical grouping of a few individuals related by marriage or blood. Neither do we do complete justice to the concept 'family' by thinking of it as a social institution, responsive to certain social-economic requirements. It is fundamentally the intimate association of two or more individuals of both sexes, an association capable of liberating significant psychological interrelationships which in turn have the capacity of affecting to a profound degree the destinies of the individuals participating in it.

"The more or less permanent union of man and woman which receives social sanction through marriage contains potentialities for good and evil which go beyond mere questions of socially sanctioned gratification of personal desire and economically protected opportunity for the living out of one's biological destiny of perpetuation through offspring. It also carries the potentialities for success and failure with respect to the culturally indispensable aim of transforming physiological needs and biological pursuit into human values and human ideals.

"One might conceive of the ideal marriage in the follow-

ing terms: It is the beginning of an evolving enterprise engaged in by a physically, intellectually, and emotionally mature man and woman, attracted to each other by love, who are more or less aware of the following aims:

"1. The gratification, under conditions consistent with the ideal-self or better-self of the parties concerned, of a craving for complete sexual-love experience.

"2. The living out of their biological destinies as man and woman through the perpetuation of their kind.

"3. The enhancement of personal growth through the enrichment of the opportunities for self-realization that marriage and family life make possible.

"4. The transmission to offspring of the cultural heritage of their own time and place.

"5. The provision of the best possible conditions for the attainment on the part of the children of physical, intellectual, and emotional maturity."

Successful adaptation to marriage and family life depends more upon the constitution and developmental history of the individuals who participate in it than upon any one or any combination of other factors. This trite observation seems nevertheless to be ignored in the various proposals that have general and sweeping remedies as the basis for their claim for attention.

It is not an exaggeration to say that the spread of interest in and the provision for the candid application of a properly conceived and properly executed child-guidance enterprise offers the best opportunity for the guiding of adulthood to a proper conception of marriage and parenthood.

This is not the proper place for a detailed consideration of techniques of child guidance. But there are certain underlying principles that deserve reiteration.

One of the outstanding practical merits of the contributions of psychoanalytic psychology is its emphasis on the subjective or internal factor in human motivation and conduct. The emphasis of the internal factor aids in exposing the fallacy inherent in attempts to explain man's adaptive difficulties and his maladjustments in terms of external causes which act, so to speak, upon a passive, non-participating organism. To be sure, such strictly external factors

as injury, or intoxication, or serious nutritional privations and indiscretions may and do affect the individual in a deleterious manner. But even here the issue is ultimately decided in many instances, perhaps in all instances where the result is not absolutely irrevocable, by the reactive capacity and fundamental attitudes of the individual concerned toward such events.

The child-guidance movement has naturally been influenced by the traditional tendency of medicine and psychiatry to conceive of causes as being either constitutional or environmental. Children's difficulties, no matter how they might manifest themselves, were supposed to be due either to some inherent lack or handicap of the personality or to some environmental factor of a deleterious nature. While it is admitted that the two categories of cause may operate in conjunction, a strict differentiation is nevertheless maintained between environment and personality, or objectivity and subjectivity.

Now with respect to the most prevalent and the most complex problems of childhood maladjustments, and from a practical point of view also the most promising as regards reconstruction, the notion of a strict differentiability between environment and personality or subjectivity and objectivity is quite untenable. I think it quite permissible to speak of two kinds of environment that are capable of contributing toward the shaping of human personality and toward conditioning human conduct, the subjective or internal environment and the objective or external one. Through the psychological mechanisms of projection, introjection, and identification, a free interchange is possible, and very probably such an interchange goes on continuously between these two. Through projection of elements out of his subjective environment, man is capable of modifying his external surroundings in a specific and increasingly predictable manner.

It is necessary to point out that this process of interchange of characteristics of the two environments is a dynamic process in which the element of conscious choice, or perhaps more commonly of unconscious motivation, plays a decisive rôle, whereas in connection with an estimation of causes the idea is somehow conveyed that the object of these causes is a

passive recipient of their effects. There are etiologic categories undoubtedly connected with human maladjustment that have this quality. They are, as we have already indicated above, physical, physiological, or chemical in nature, and with respect to these one might speak of "causes". But with respect to those etiological categories which are "psychological" in character, their effectiveness etiologically is determined by the element of "participation" on the part of the individual involved. It is much more accurate to speak of such etiological categories as "motives" rather than "causes".

The most accurate description of mental medicine or psychiatry is that it deals with issues of a psychological etiology. They are certainly the issues most commonly met with in psychiatric practice and in reality the only issues that are amenable to a strictly psychological approach. Now the importance of clarity in this regard is very great from a theoretical as well as a practical standpoint. It amounts to the assertion that with respect to strictly psychological problems the human being carries within himself—within the constitution of his own nature and tendencies—those elements which make possible the trouble itself as well as its cure. To be sure, the original etiologic moments may have at one time in the course of development of a given situation resided in the external environment. But they must have become part of the internal, subjective environment in the shape of "motives" before they can affect the situation etiologically. The entire theory of psychotherapy, and especially of psychoanalytic therapy, rests upon this assumption. Whatever the changes aimed at, they are changes of internal constitution or attitude, or, more accurately still, motivation. The one indispensable factor in connection with strictly psychological issues is the factor of "personal participation". In any psychotherapeutic approach, the problem really has to be formulated in terms of "Does the patient wish to get well?" Similarly, the "wish" or "motivation" element must be defined in any valid definition of psychological etiology.

Now it might be contended that these considerations might well enough be applicable to the problems of the adult, but not to the child. The child, it is maintained, is so largely subject to his environment that motivation can play no sig-

nificant rôle. This argument may have some validity for a certain period of extra-uterine existence. How extensive this period is it is as yet impossible to say. But it is significant that such primitive, substitutive pleasurable manipulations as finger-sucking, which occur in the first few months of extra-uterine existence, already reflect an element of personal participation or motivation.

As growth of self-consciousness proceeds this element increasingly plays the decisive rôle in the destiny of the individual.

It need not be emphasized here that "motivation" is not synonymous with conscious desire. But it is the failure to give due weight to the significance and importance of unconscious motivation that renders difficult the view here expressed.

The bearing of this view upon the practice of child guidance is obvious, as well as its relation to the question of "general principle" as against a so-called common-sense opportunism in connection with this practice. A great deal of time and energy and financial support can be absorbed in efforts of shifting the furniture about in the external environment of the child, whether this furniture be in the nature of inanimate things or human beings, without comprehending or affecting the actual situation.

As one of those who participated in its origin, I am quite willing to defend that hybrid therapeutic enterprise of a combined medical, psychological, and social approach which characterizes the "standardized teamwork" of the child-guidance clinic. Despite its widespread acceptance and the popular acclaims that it has received, a conscientious estimate of its validity regarding both diagnosis and treatment furnishes considerable occasion for doubt concerning its fundamental worth.

Whatever the underlying conception of the "child-guidance" movement may be, in actual practice its aims in connection with the individual child often, if not regularly, reduce themselves to the immediate objective of correcting some undesirable bit of behavior or attitude. In spite of a professional interest in the nature and needs of the child's personality as a whole, in actual practice this interest quite

regularly becomes restricted to the demands of the immediate situation.

When we succeed in making a truant boy give up his truancy or another boy give up his tendency to steal, how are we to estimate these successes, which supposedly bear some causal relation to our therapy? Does success in rendering a child's external environment more acceptable to him, and, as a result of this, his adaptation to the realities of it more adequate, necessarily reflect the kind of modification of personality that alone can furnish a dependable criterion for predicting his future development?

In the last analysis the worth of our technique must be tested from the point of view of its dependability as a prognostic instrument. If we are to influence deliberately social legislation and practice, we can do so safely only to the extent that our own procedure can be depended upon as a means of predicting conduct. Thus far our procedure has concerned itself altogether too meagerly with this aspect of the situation. In the face of the pressing need to do something immediately regarding the immediate difficulties of the child before us, and also because of the insistent demand to show results which is being stimulated by the extensive and intensive educational campaigns in this field, procedure is bound to be altogether too largely opportunistic in character.

To be sure, the problems that a child-guidance clinic is called upon to deal with are not infrequently of a simple and uncomplicated nature, requiring for their solution primarily an unbiased reëstimate of the situation and attention to quite obvious noxious elements in the life of the child. It is probably also true that owing to the magnitude of the problem, numerically speaking, the majority of the cases will have to continue to be treated in a more or less opportunistic manner. But it must be kept clearly in mind that such procedure is not conducive to the development of a scientific discipline.

In this respect child-guidance technique repeats what had been and still is very largely current psychiatric practice. It is essentially a question to what extent due consideration is given in these matters to the fundamentals of a genetic-dynamic view of human nature such as is implicit in a

psychoanalytic approach. From this point of view there is no essential difference in requirement between adult and childhood maladjustments. In both fields the libido theory as a workable hypothesis is indispensable for understanding and management.

The First International Congress on Mental Hygiene may well be made the opportunity, not only for a candid scrutiny of work already accomplished, but also for a critical survey of future needs. Among these the need for a radical shift in the direction of a truly causal therapy should occupy an important position in the deliberations of this Congress.

EDUCATIONAL PROBLEMS IN PREPARATION FOR SOCIAL CASE-WORK *

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THE place of field work in a training curriculum has been the subject of much discussion by professional schools of social work in terms of hours of work, academic credits, correlation with class work, and similar practical considerations. A good deal has been said also about the educational philosophy that underlies the relation of knowledge and practice in professional schools. In all these discussions we find accepted distinctions between theory and practice, between pure and applied science, between knowledge and technique, between scientists (or professionals), technicians, and practitioners. These distinctions seem to have their roots in two fundamental assumptions with which I find it necessary to disagree before I can discuss the topic of field work at all. One of these assumptions is that there is a body of knowledge on which social-work procedures rest, knowledge that can be learned intellectually and later applied in practice. The other is that there exists a technique in social work that can be conveyed as technique without any understanding of the underlying philosophy.

In considering the first assumption we may take psychiatry as an illustration, a field of knowledge whose importance for social case-work is generally granted. This psychiatric psychology has none of the definiteness and certainty of content associated with a science. Its bases of interpretation are always changing and growing. It is constantly revising its concepts as well as adding to them through the new understanding that psychiatry and social work are wringing out of their therapeutic contacts with human beings. In other

* Read before the Division on Professional Standards and Education, National Conference of Social Work, Boston, June 13, 1930. The discussion is confined to the social case-work field since it is more defined in its professional requirements and has a longer training experience behind it.

words, the only science of psychology that has been found to have meaning for social work is not a pure science at all. It emanates not from the laboratory, but from the treatment offices of psychiatrist and psychoanalyst and social worker, and is subject to constant reëvaluation and reformulation in those contacts. The knowledge built up in this way has grown to a point where it can be taught in more or less definite concepts, but it is essential to its quality and meaning that it should not be regarded as a pure science to be applied later in treatment procedures. It may be intellectually learned by a process of memory, but unless a more fundamental reaction and assimilation to it take place, the intellectualization is without value. Knowledge merely intellectually and superficially acquired can never be applied, so that our task of finding field work in which to apply it becomes from the beginning a hopeless one.

The second assumption that social work has a "technique capable of communication"—to use one of Dr. Flexner's often quoted criteria of a profession—which can be conveyed from technician to technician as a trade or craft, seems to me to ignore an attitude very active among case-work agencies in search of workers at the present time. Not merely the capacity to do a job, but understanding of why it is done, a philosophy and a point of view, are insisted upon. The person who can carry a load routinely and efficiently, but who is limited in psychological understanding and capacity to think through her problems in general as well as individual terms, is becoming increasingly hard to place in good agencies. If this is true, it means that the field itself is rejecting the technician and demanding the professional. Furthermore, I should like to propose that in this task of social work there can be no such thing as a technician only. It is possible to teach painting, carpentry, and other trades to a person who may have no fundamental understanding of the material with which he is dealing or the end for which he is working. Any process that involves changes in people, on the other hand, cannot be let out piecemeal to workers who understand nothing beyond the particular process in which they are engaged. When we try to list the technical processes of case-work that can be so isolated, they reduce them-

selves to such inconsequential activities as taking a child to the clinic, looking up records in the social-service exchange, making a few isolated visits or telephone calls. Any one who has attempted to find work for volunteers or for inadequately prepared workers is appreciative of the limitations of the processes that can be isolated and performed in a routine way.

In some form or other, a distinction between theory and application, between knowledge and technique, has operated to confuse our plans for these elements in a total curriculum for social work. Having divorced them as widely as possible and located one aspect in the classroom, the other in the field, we have been at a loss as to how to get them together.

Arbitrarily, because there is no time to present the arguments on which it is based, I should like to propose a point of view that might do away with this distinction. The knowledge that is most important in social case-work practice is useful only as it is dynamic, active, attitudinal—that is, as it has been emotionally accepted by the student and incorporated into his own point of view, which orients him to actual problems. The technique that he uses in dealing with these problems is actually this knowledge which has become attitude as it expresses itself in behavior. Technique is inseparable from attitude, and attitude, in order to be sufficiently fluid and adaptable to the innumerable contacts of a social case-work job, must be constantly made self-conscious. Here knowledge serves to modify, to direct, to enlarge, to reorganize attitude.

In the approach I have criticized, which distinguished between knowledge and technique, the separation between the school and the field was clear. The responsibility for providing the knowledge background lay with the school, while the field was supposed to furnish the opportunity for learning how to apply that knowledge and to carry through certain processes in practice. If, on the other hand, the school approaches the problem of training as a problem of the student's whole development through which he will arrive at a new orientation, a point of view that will eventuate in technique and that will be organized in knowledge content, then the class and the field are related in the begin-

ning. This approach to the problem would lift the field work to the same status as class instruction and require that it proceed with the same standards for the task involved and for the students' development in it that the school maintains.

From this point of view, the classroom teacher and the field-work supervisor have the same fundamental educational problem to solve, a problem the factors of which have not even yet been stated. This problem grows out of the fact that training experience in social work is essentially a growth process as well as a learning process—that is, it precipitates change and development in the personality structure as well as the absorption of new elements. Elementary education is recognizing that children must grow as well as learn in an educational process. Especially is this true in the progressive-education movement. The mental-hygiene movement is rapidly introducing the concept of individual growth and its effects on the learning process into high-school and college plans for the treatment of children who do not learn in the curriculum planned for the group. But no school for higher education has ever attempted to plan its curriculum to condition growth processes as well as learning achievement. Professional schools in all other fields except social work select their students for more or less static qualities of intellect and personality. To this equipment they attempt to add certain knowledge, skills, techniques. An able, intelligent boy can go through medical school, learn his medicine, and practice it successfully without any fundamental changes in his attitudes toward people. He may be overprotective of his patients, he may be unable to bear their pain, or he may find a satisfaction in it. The medical school is not concerned with these attitudes, but with the ability to diagnose and treat the medical problem. In social case-work, on the other hand, the very problem that the student is learning to diagnose and treat is the problem of attitudes in people, and his own attitudes in meeting these constitute his fundamental equipment. As long as social case-work was content to work with an environmental, external situation, this was not true. Now, however, that it has transferred its treatment to the individual's inner problem, there is no escape from responsibility for the worker's attitudinal equipment as the first concern of training.

When training schools for social work accept this fundamental educational problem, they will examine the applications of new students with increasing skill to discriminate against those whose attitudes, as presented in interviews, do not show sufficient possibilities of growth and change in a two-year period. Growth processes have their speed rates, which differ, probably, for every individual. I do not mean to say that we can detect this speed rate in initial interviews, but I believe that we should learn to detect very early certain fundamental blockings which would operate against the taking on of new attitudes, which defend the individual against change at crucial points. It is no longer sufficient to find the student whose personality and attitudes are pleasing and adequate to his social contacts at the time of acceptance. It is essential also that this personality give signs of being open to self-conscious scrutiny as well as to spontaneous expression, and that it promises capacity to change in response to the training that we have set up.

I have spoken of a two-year course of training. The general trend in the schools seems to be toward a two-year minimum of graduate work. The necessity for this increase from one year to two years, seemingly so long a period to the college graduate eager for his own job, lies not in the pressure of a knowledge content too extensive to be compressed into one year. Rather it is the realization that one year is too short a time to allow for the changes in attitude toward people and toward the self to become assimilated. The school can never set a definite time limit when the student can in this sense be said to have finished his training, but it must be able to observe the student's development, as recorded in his response to the training, sufficiently closely to know whether a genuine assimilation is going on and at a speed fast enough to enable the student to take responsibility for an average case load at the end of a two-year period. This standard of readiness to assume responsibility for an average case load (it is assumed that there will be opportunity for continued conference on case problems in any good agency) operates as a good working criterion for determining the end of a training period. At the present time experience seems to justify us in accepting two years as an adequate period of training.

The content of these two years both in the class and in the field will be determined by our understanding of the problems involved in the twofold task I have defined. The two aims of this task from one point of view seem in opposition, for growth is an individual matter and may lead to greater differentiation, while learning and training are standarized, and should eventuate in conformity. And in truth this is exactly the dilemma that we have tried to solve by keeping in the school the experiences that stimulate independent thinking and leaving it to the field to perform the essential case-work tasks. But in actual experience this division of labor cannot work out. A more integral relation of field and class is inevitable.

This relationship will be clearer if we visualize the training experience as it is presented to a student just entering a school for social work. First, the student meets a new psychology, a new way of thinking about the problems of motive and of behavior. Even if he has heard rumors of it before in college, here it is more penetrating, more concrete, and more real. Next, he is introduced to case problems, either in the records or in reality—to human beings sick, poverty-stricken, distressed, or perhaps unreliable, abusive, and violent. These are the people he dreamed of helping, but instead there is pitifully little he can do. His own way of relating himself to friends and social acquaintances and their problems may seem utterly unsuited to the strange situations in which he finds himself. In the classroom, material is presented rapidly, and the student travels far in considering the nature of these human problems, how they develop and how they may be modified. Always, in any group who may gather together for the consideration of case-work situations, there are people who can drive the discussion into deeper levels of interest in human mechanisms and relationships than any individual in the class is capable of maintaining in his actual contacts with others. A member of an advanced case-work class of mine said recently, "It takes me almost a week in the field to get straightened out after class discussion and then I have to come into class and get all upset again." The class must of necessity be upsetting to any one way of working, to any particular plan of solution for a problem. It must take ac-

count of many ways, consider many tentative plans, accept the possibility that there may be no solution. The discussion must go as deep as the problem and the interest and understanding of the students to explore it.

Such periods may be suggestive, inspiring at times to some students; at times for all it may be discouraging and confusing. This first-hand contact with human beings in the class and in the field, in all their alluring and repellent differences, demands of the student a new response and a deeper understanding. Inevitably it sets up in the student who is able to identify with these differences a process of change in his own attitudes. A second factor even more important than this contact which works to the same result is the contact with an attitude expressed in the psychology, in the teachers of case-work, and in the supervisor, which offers the student a new recognition and acceptance of himself. To some factor in this new experience the student who is ready for it will relate himself deeply—it may be to the point of view as he finds it in reading, it may be to the supervisor, or it may be to some one case problem or individual with whom he is working. Sometimes it seems to be the class situation, where, in the freedom of discussion that the group permits, the student gains enough release to pursue his own problems and work through to new solutions. The student must be free to select his own medium for growth, to do it in relationship with the supervisor or a teacher, or to do it independently. The school's function here—to stimulate through its material, to be aware of what is happening to the student, to be ready and skillful to function when requested and to remain aloof otherwise—places upon the school a responsibility as great as that for a controlled process, even though of another order.

The very vagueness and indefiniteness of this aspect of the training process, the freedom that it places at the disposal of the student, necessitates a responsibility for the other aspects of the experience in which there is certainty and definiteness, ways that are right and that can be learned and adhered to. Here the field can function more strategically than the classroom. The supervisor can help the student maintain a balance in this confusing new experience to meet which his previous equipment is so strained. The supervisor who

can do this must have the philosophy and the point of view to question as deeply as the student every procedure in operation. She must at the same time have certain ways of doing things herself that work and that the student can strive to learn. If she herself is a fixed-routine person in her point of view, the able student will reject all she has to give. The routine elements cannot adhere to her thinking or her ways of relating herself to people. They can, however, very satisfactorily be located in the agency requirements, such as in records, day sheets, and reports. Here accuracy, system, organization, and activity can be stressed, and the student can get the satisfaction of learning to do a few things efficiently and right in this case-work job where right and wrong are so difficult to determine. These elements of the job are often boring to the intensive case-worker, but I think we must more and more seek them out and conserve them if we are going to make case-work training and the self-discipline and self-consciousness that are being increasingly required at all bearable for the young student just out of college. In respect to these elements, hospital social-service departments, clinics, and departmentalized agencies have a better time than a district or a family society, for example, which has little to offer its students except the hard and seemingly insoluble problem of the family in need of help. I note, in the careful analysis of a plan for a family being handled by a student in a hospital social-service department, two points among others: "1. Health study of all members of family will be undertaken." "5. Adjustment of marital difficulties will be attempted." One senses the assurance and satisfaction with which the student can approach number 1, with all the resources and the security of the hospital behind him, and his hesitation about number 5, with only the inadequate equipment of his own understanding and adjustment to offer. The security that comes from carrying through the health examinations and treatments effectively constitutes a base, as it were, from which the student can gain a little courage to approach the problems that lie in the marital relationship.

In the short space still at my disposal, I have time only to sum up several points that seem to be fundamental in an approach to this topic of adequate field work. First, I would

emphasize again that the problem of field work is integrally bound up with the whole problem of training for social work, whose educational implications—if this description of the case-work training as essentially a growth process as well as a learning process is accepted—are not even as yet realized. Secondly, I would point to the field-work situation as offering a better opportunity than the class-work situation for setting up and conserving the elements of routine and control which constitute a protection and a safeguard for the student's development. Finally, I would emphasize again the necessity of a two-year minimum, with a substantial amount of time given to field work from the beginning, increasing in amount in the second year, so that the student will get a developing sense of responsibility for the job as his own. The distribution of this time must be determined by the whole set-up of the school, and experiments in different distributions should be encouraged. All other details of the field-work experience, such as choice of cases, size of case load, and the like, must be left to the individual supervisor to determine, since we realize that any arbitrary rules that the school might attempt to lay down would have the effect of inhibiting the able supervisor and could do nothing to improve the inadequate. We have found regular seminar meetings of supervisors under their own leadership for the discussion of problems of training to be the most effective means of bringing together the best thinking and practice in field-work teaching. These meetings have discussed underlying educational problems, such as, "What is the nature of the relationship between the supervisor and the student?" and more concrete technical details, as, "How to choose the first case", "How to teach record writing", "How to give the student an evaluation of her work." Three years of participation in such discussion has convinced me that the hope of adequate field-work training and of adequate preparation for social case-work, which is dependent upon it, lies in the supervisors, in their growing self-consciousness, in their professional absorption in this training job, and in their experimental approach to the whole educational problem.

SOCIAL MALADJUSTMENTS (EMOTIONAL) IN THE INTELLECTUALLY NORMAL *

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IF THIS subject were to be handled adequately its vastness would require consideration of many more details than the scope of this paper permits. When one considers the many ramifications of human adjustment presented in the problems of social adaptation in the intellectually normal, the possibilities for exploration are practically limitless. It is not my intention here to suggest that the manifestations of social and emotional maladjustment as found in the group of the intellectually normal differ essentially from the difficulties of adjustment found in the groups whose intellectual endowment is classed as superior or inferior. Proof that such a concept is not valid can be found if one but parallels the emotional deviations in the neurotic and psychotic breakdowns of those of normal and superior endowment with like breakdowns of those in the feebleminded group. And if one must accept the premise that all humans, regardless of their level of intelligence, are capable of becoming so emotionally jammed as to develop a neurotic or psychotic disorder, it is not difficult to assume that many of the milder forms of deviation may likewise exist. While recognizing the validity of this concept, the focus of this paper is the study of those individuals whose intelligence range, measured in terms of intelligence quotient, lies in the scale between the points 90 and 110.

Since the roots of adult emotional difficulties are found in childhood, it is pertinent to discuss the many angles of experience in the early years upon which the adult personality is built. The adjustment of an individual is admittedly the

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product of all the experiences that have played upon the three levels of his inherited equipment. If one attempted to watch a stage performance in which three distinct scenes were being enacted at the same time one would find the task well-nigh impossible. Yet the child, from the beginning, lives out his life's performance upon the three-level stage of his physical, intellectual, and emotional endowment.

It is not surprising, then, that for so many generations past parents have been so largely unaware of the meaning of most of the child's reactions to life. In the first few months the parents are preoccupied with the feeding, bathing, and general physical care of the baby and are too frequently ignorant of the intellectual and emotional values involved in the learning and feeling processes that are being enacted under their very eyes, in response to the thousands of new experiences coming to the young child. These parental blind spots are still fostered by certain so-called scientific groups through statements such as, "Personality does not begin to develop until after the age of two", "Concern yourself in the early years with keeping your baby physically healthy and the rest will take care of itself", and so on.

As our technique in handling the behavior problems and emotional maladjustments of children becomes more effective, the vital importance of the experiences of the first two years becomes more vivid. In order to study cause-and-effect relationships in the behavior of an individual at any point in his career, we must recognize the need for a clear-cut picture of his trends of satisfaction and dissatisfaction. We cannot depend upon a capacity to verbalize these feeling-values even by the adult, because of the conflicts involved. From the child, living in an environment so largely controlled by an adult kind of authority, it is folly to expect admission of satisfaction in experiences that are identified by the child as forbidden. It is also clear that many of those very satisfactions which are most deeply involved in the symptomatic behavior of an individual are often unrecognized by him as having such value, particularly in the case of behavior that is generally accepted as asocial. It is easy to see why the individual frequently has no conscious awareness of the satisfying qualities of the neurotic and psychotic trends. The very recognition of them would

tend to dissipate the pleasurable values of the experience by the development of conflicts, and would destroy some of the satisfaction for which the symptoms were originally created.

Whether one is concerned primarily with child guidance or with adult psychiatric practice, one constantly meets with the manifold evidence of early experiences that, if properly handled, could have contributed to the constructive emotional growth of the individual but that, unrecognized or mishandled, have deterred this growth.

For example, one of the first adjustments to reality after the birth of the baby with which the average parent is concerned is found in the nursing experience. In the event that the child shows a quick reaction to the nursing contact—establishes a good oral rhythm, swallows without choking, and nurses persistently—little real thought is given to the significance of all of the elements involved in such a successful experience. If we evaluate it purely from the physical level, such a satisfactory performance suggests a good neuromuscular organism. Interpreted from the angle of the intellectual equipment, it suggests a so-called normal endowment, for by the very performance the child indicates its capacity to register sensory motor responses sufficiently well to establish a nursing habit unfalteringly. Interpret this on the emotional level and we see that the child who establishes a normal nursing rhythm easily thus gains a ready satisfaction. In an ideal situation the pleasurable elements in the nursing contact are manifold. Not only is the child's physical hunger satisfied, but also the upper oral segmental cravings are released, especially in the cases where the mother's breast and nipple formation are good, the milk flow is normal, etc. These rhythmic movements of the lips and tongue become identified early as a source of pleasure and satisfaction. It is a common observance that the baby when half-wakened will soothe itself back to sleep by the repetition of rhythmic lip movements as if at the breast. If one had to choose the most important facet of the child's experience and the one that, if improperly handled, could make for more emotional maladjustment than any other at this period of the child's life, one would stress the need for proper handling of the nursing situation. In the event that the feeding experience is incomplete in its satisfactions, either be-

cause of faulty physical equipment of the mother, inadequate milk supply, too rapid flow of milk, or, as in many cases, the more intangible negatives furnished the child by the mother's attitudes of unresponsiveness and rejection—in this event, a whole series of feeling tones of a more unsatisfying kind are prone to develop.

We repeatedly find very early in these children who are deprived on either the physical or the emotional level, a development of substitute pleasures. One of the most common is that of thumb-sucking. If the latter develops, it should suggest to us at once that this behavior response is due to the child's need for finding a means of completing his segmental cravings for pleasure, which are not being met in a more natural way.

Since we are interested in a program of prevention, obviously our attention will be directed toward discovering the causes of this deviation. The quick and ready relinquishing of these symptomatic patterns by the baby when the causes of dissatisfaction are removed suggests the value of more awareness on the part of the parents of the importance of causation. Thumb-sucking treated by threats, punishment, artificial restraint, and so forth, is not cured. The parent who attacks the problem in this way is not only failing to recognize the causes of the behavior but is also unaware of the underlying feeling tones of dissatisfaction that already exist. Thus the punishment or restraint to which the child is exposed only augments the negative values already established and the consequent emotional damage that inevitably follows.

At the nursing level the mother satisfies the child's need for love and a sense of being wanted, as well as his physiological hunger cravings. A denial of the breast before the child has gained the impulse to wean himself is prone to produce problems that are not only intensive but extensive in their effects upon the child's integration. Constructive but satisfying ways of preparing the child for this next step in growing up are available. Since the possibility of sudden withdrawal of the breast is always possible, either through illness or failure of sufficient nutritive value of the milk or through loss of the supply, the first constructive step is accomplished by introducing the use of a bottle at least once a day from the beginning. In this way it is identified as a source of satisfaction at the same

time as the breast, and, if the mother holds the child in the same relative position during the bottle feeding as at breast feeding, little negative value seems to be produced. The introduction of new and pleasing foods such as orange or prune juice by spoon feeding accomplishes a more ready acceptance of the next step, in establishing more mature food habits. The pleasurable element of the taste would seem to offset the displeasure of the new reality. Taking the last few drops from the cup, if made an adventure by the mother's enthusiasm, helps to make the transition to the more grown-up levels with a minimum of dissatisfaction and conflict.

One could give many examples of mishandling at this period, if space permitted. It may, however, suggest the extent of the problem to realize that cases of tongue-sucking, clothes-sucking, retention of food in the mouth, refusal of solid foods, with gagging or vomiting, food fadism, and in some cases even stammering are frequently associated with inadequate handling at this level.

Further evidences of this lack of understanding and faulty handling are found in many of the other early experiences to which the child is exposed. If one bears in mind that the child reacts to every experience, whether physical or intellectual, with a feeling response, the attitudes and methods of approach used by parents in meeting the issues of sphincter control, sleeping habits, cleanliness, etc., are bound to reflect themselves in the child's own attitudes of acceptance or rejection. One might postulate here that experiences of all kinds which possess predominant elements of satisfaction are always more readily acceptable than those in which unsatisfying values predominate. In the latter the immediate impulse is to deny or withdraw from repetition.

It is necessary in evaluating these satisfactions or dissatisfactions to determine whether they are constructive or destructive, for both of these trends have to be considered in order to direct our handling of the child. In this sense, constructive experiences are defined as those that contribute to the building-up of a consistent growing process in which ideals of independence are made acceptable. Our dynamic concept of maturity should include the recognition that a child at any stage of his development may be assisted in so completely

assimilating and integrating all of his adjustments to life that he can be identified as mature for his chronological age at any given point. On the other hand, the destructive experiences are those that foster the impulses to remain fixed upon infantile levels, thus interfering with the building-up process.

Out of the extensive material gleaned in the years of practice, many examples are found of outstandingly unfortunate parental handling in the management of the problems of sphincter control. The child who needs the security of his parents' love finds himself torn between his desire to achieve parental approval through the early establishing of good sphincter habits and the wish to indulge in the satisfactions derived from the segmental cravings of these body areas. The fear of losing adult favor by yielding to these segmental cravings sets up conflicting impulses. When the parents' attitudes reflect approval and satisfaction and more warm response when he is successful, the child's impulse leads him to seek further satisfaction in this constructive fashion. If on the other hand the parent exhibits annoyance, displeasure, or irritation when the child fails to comply with the parental wish, we find that the dissatisfactions set up often throw the child further back upon himself, and that he is forced to intensify his satisfactions by yielding to these segmental cravings.

The cases of stubborn bed-wetting, fecal retention, uncontrolled soiling, either nocturnal or diurnal, extending sometimes even to adolescence, are good examples of results of such mishandling. In the observation of adult neurotic or psychotic behavior, such as chronic constipation, spasmodic diarrhœas, excessive micturation, and the like, we see a continuation of the same patterns as remnants of these early infantile deviations.

In contrast to this type of handling we find overindulgence on the part of the mother, who, in her attention to the genito-urinary region, reflects in her over-care an expression of her unconscious need to tie the child more closely to her. We often observe a too deep interest and intense feeling displayed toward the baby as she attends to the cleaning processes. The routine bathing and powdering of the parts are not infrequently accompanied by kissing, stroking, rubbing, or patting

of the buttocks or the groin. As one watches the child's pleasurable response to this overattention on the part of the mother, one is struck with the fact that both she and the child are deriving much satisfaction and pleasure from this ritual. It is not uncommon to observe in boy babies an erection in response to this kind of petting.

When one considers that in the early years these pleasurable needs make for the building of habit patterns that the child may carry over into adult life, one recognizes that deviations in sex adjustment in the later years may be a direct carry-over of experiences such as these. The mother's very real interest in the intestinal material, necessary in the early months, not infrequently continues to be a matter of intense concern for a long period of years. The child who is made aware of her oversolicitude whenever a bowel movement takes place is furnished with an added means for attention-getting each time that any other occupation makes him sense her withdrawal from him. In many cases this kind of pernicious training makes for a preoccupation with physiological functions that leads many individuals even in adult life to make a fetish of this practice.

As one sees the transition of the child's feeling experiences from the first nursing contacts through the development of sphincter control and the establishment of the primacy of the sensations within the genito-urinary area, one is struck by the dominant emphasis of the child's search for satisfaction and pleasure. Whether one wishes to identify these pleasures simply in terms of the child's feeling values of relative satisfaction or dissatisfaction, or whether one identifies them as a progression in the development of the erotic sequence, matters little. The significant point to remember is that deviations in the constructive handling of these experiences, whether satisfying or unsatisfying, lead to fixations in the emotional development of the personality at infantile levels.

While one sees the child capable of identifying any region of the skin or mucous membrane as a pleasurable area, the impulse to invest the genital zone with pleasurable values is assumed to be a universal experience. Interest in the genital area may be developed at a very early period. Acute or chronic local irritations due to eczema or other milder skin

rashes, too acid urine, the presence of pin worms, etc., may first draw the child's attention to this region. As has been suggested, the mother's methods of caring for these parts may frequently stimulate sensations that demand attention from the child. Friction from too tight clothing may produce an awareness of pleasure. In many cases accidental handling of the parts by the child when sitting or lying may make for an arousal of sensation. Riding the baby upon the knee or the foot of the parent in the games that are played may be the first point of stimulation. Carrying the baby with his legs about the mother's waist may create enough friction to produce an erection. This chance selection of the genital zone as a pleasurable one leads the child very frequently to further experimentation of a very innocent kind. Masturbation, so-called, in the early period, represents the child's response to pleasurable sensations derived from this area, which is so well supplied with sensitive nerve ends as a part of the biological equipment for future procreation. The use the child makes of these pleasurable sensations reflects to a very large degree the completeness of his security in his love relationships. In other words, one does not find in the child who is free of physical irritations and who is libidinally secure any tendency to prolonged continuation of this habit.

In children who are deprived of love security by the loss of the mother love-object through death or absence, and where no satisfying mother substitute is available, it is a not uncommon observation that masturbation may be continuously employed as a means of finding substitute satisfactions. More significant, perhaps, are the masturbatory practices found in children who in the child-parent relationship suffer loss of security through rejection. In those cases where the child senses his unwantedness and where his needs are denied by the other members of the family, he would seem to use this means of gaining satisfaction, especially in the early years before substitute satisfactions of a more socially acceptable kind are available. Viewing the deprived child's behavior in this light we recognize that it serves the purpose of substituting the genital zone for the external security commonly found in the love dependency upon the parent. This purposiveness is significant for the parent to remember. Punishment, disap-

proval, and further parental rejection only tend to increase the dissatisfaction in the child and consequently the need for a continuation of the habit. When one acquaints himself with the widespread attitude of taboo, disgust, and resentment of parent groups toward this childhood practice, one can appreciate more completely the degree of conflict that their negative attitudes will create, since every normal child sooner or later is bound to discover his genital equipment and the pleasurable sensations with which it is endowed. The varied responses to punishment for this practice are too numerous to mention. The very little child often reacts to parental punishment by a cessation of the practice if the correction is sufficiently painful to outweigh the pleasure of the experience. But in its place the child may develop thumb-sucking or finger-sucking tendencies that have been abandoned long before, or that in many cases were never before indulged in. If the parents could recognize the significance of this regressive behavior they might well be seriously concerned. In the first place, the trend of the emotional development toward a more grown-up level is suddenly thrown into reverse. The child rejected and disapproved of must still seek his gratifications within himself and at a lower level of maturity. The conflict set up by the parent, producing guilt, shame, and unhappiness, is resolved in a destructive way. In the child who is somewhat older the response to these negative parental reactions may be a hiding of the practice, especially if the punishment is painful enough. Thus we see as a result the development of the first patterns of lying and deceit. Sometimes the physical phase of the practice, friction, is dispensed with and the child substitutes a stimulation of the sensations through phantasy. Extreme cases of this are found later in adolescence and even in adulthood in the use of pornographic pictures and the like, and the frequent continuation of the phantasy patterns accompanied by an increasingly marked withdrawal from all demands of reality.

In some cases the very experience of being punished may bring about the desired genital arousal, and the child then needs to cause physical punishment in order to gain the tabooed satisfaction. A number of cases have been found of boys even in the earlier years who date their first genital satisfac-

tions from the time of receiving a whipping. It is not uncommon in adult cases coming for psychiatric help to find that their most pleasurable genital experiences come to them through pain that sometimes must be inflicted by some one else—obviously identified in the parent rôle. In other instances the sex pleasure is derived from self-inflicted punishment. There is little need to comment upon the destructive elements in these immature adjustments. The individual with no conscious wish to remain fixed at this infantile level is incapable of throwing aside these patterns determined by his unresolved conflicts.

From time to time, where the punishment has produced intense fear and conflict, one finds even in the younger group the development of compulsive phenomena, as an unconscious substitution for the forbidden practice. One boy of twelve suffered an intense compulsion neurosis for three years following a severe punishment by his father, who had discovered him masturbating. He did not sleep for three nights after the episode, but wandered about as though half crazed, touching the corners of each object as he passed, pulling at the curtain strings, rattling door knobs, etc. He was referred for treatment because of expulsion from school. He habitually arrived an hour or two late each morning, for it was necessary for him to kick each corner of the curb as he walked twenty blocks to school. If by chance he missed one, he had to retrace all of his steps in order to complete the pattern. When asked by any one why he did this his habitual reply was, "I have to do it to get satisfaction."

In contradistinction to these masochistic fixations we observe even in early childhood the beginning manifestations of sex satisfaction derived from hurting the loved object. One boy of six who was permitted to place his foot between his mother's breasts and push as she pulled his stockings tightly into place revealed very spontaneously that he liked to do this, for when he pressed hard his mother screamed and his "penis grew hard and felt good".

Study of sadistic deviations in the adult group always reveals unresolved emotional problems in the earlier years. While it is an accepted fact that certain masochistic and sadistic components are contained within the personality

equipment of all of us, the ideal for growth represents the achievement of a fine balance of these two impulses. In this way not only is a socialized adjustment accomplished but also the mature development on the love side of the individual is made more possible.

While all of the cases of compulsive adjustment are not as clear-cut and beautifully simple as this, one can anticipate finding in each one plenty of evidence of early threats and conflicts centered about the child's efforts to work out his emotional patterns of adjustment in ways that must be repressed because of adult disapproval.

When one surveys the gamut that the child must run in order to arrive safely at the goal of maturity, one can't help but be impressed with a realization of how many hazards lie in wait for him as he speeds through the manifold experiences coming to him from his environment as well as from within himself.

The little child of five or six who is well equipped physically and normally endowed intellectually reveals that his adjustment to life up to this point in his development mirrors very completely the handling that he has received from his parent and parent substitutes. One can in truth say that the child of this age is the symptom complex of his parents.

In these early years, as the child gains an awareness of the feeling values in the relationship between his mother and father he finds himself secure and assured in the home, if both parents are essentially mature. For in the relationship of the maturely mated and socially adjusted pair there is ample room for a child to develop completely and well-roundedly. If, however, the child's misfortune deposits him in the midst of a family group where the parents' emotional adjustment is incomplete, the child is prone to play the rôle of a pawn on the stage of the parents' unsatisfied love or ego strivings. This kind of a parent setting leads to all manner of feeling reactions. Those in which the mother attempts to seek outlets for her love needs, unsatisfied by the so-called mate, are paralleled by those in which the father, tired of being a parent person to his child-wife, turns to the child for emotional satisfactions. The intensity of these attachments, determined by the parents' fixation upon the child, reflects it-

self in the symptomatic behavior of each member of the group. The parent who is left out of the combination must find solace in some form of emotional expression, whether it be through taking on the next-born as a special love object, seeking substitute love experiences outside of the home, developing depressions or other neurotic behavior, or by more overt manifestations of jealousy, hatred, and rejection of the child. A child in a combination like this has more difficulty in growing up emotionally. Each facet of his development is prone to be colored by some of the emotional responses to the unadjusted family situation. As he approximates his own adult years, the attitudes, interests, and prejudices that he will later reflect in his own marriage and parenthood are rooted in some of the unresolved difficulties of his childhood.

During the infancy period, when the child is not only dependent upon the parents for love security but also for his physical care, two strong impulses demonstrate themselves in his behavior. One indicates a strong urge to grow up, to become independent, and to build up for himself a personal kind of esteem and belief in himself. Offsetting this is his impulse to prolong his dependency, in which he strives to make use of all the satisfactions of these early levels. Within the child himself the conflict between these strong opposing forces is bound to produce some stress and discomfort. These very ambivalent trends which operate more or less intensely throughout all our lives furnish us with a mute proof of the warring between the two halves of our personality. When these two strong opposing trends are cut across by parental attitudes and reactions, the child's picture becomes more complex. Examples of some of these as found directly in the parental handling of the child have been cited. When the picture of the child's feeling patterns resulting from his parent adjustments is shadowed by the coming of a new baby, it is evident on the positive side that mature parents who are aware of the emotional threats involved for the only child by the coming of a rival may, with little effort, prepare the child in such a way that the new baby's coming need not be too upsetting. To accomplish this one presupposes that the only child's security has been utilized as a basis for a more mature adaptation and that many opportunities have been afforded him to develop

independence and emotional stability. Into this mature relationship prior to the birth of the new baby the parents need to inject additional openings for more grown-up satisfactions for the first child, so that he may not feel pushed aside. Such a preparation reassures the child that the new baby is to be shared jointly by him and the parents rather than that the new baby and he must share the parents. With this kind of satisfying identification fewer threats are present for him, so that he will show in his attitudes toward the new-born a friendly interest and ready acceptance, without the usual display of jealousy, hate, rivalry, etc.

The child who is not prepared to give up the center of the stage and whose security is shattered by the sudden withdrawal of the mother from whom he has never before been separated, is bound to be more seriously shaken if he is exposed to the care of an unknown and unfamiliar substitute person. Intense fear responses, uncontrolled crying, sudden fluctuations of mood, temper displays, or the precipitate loss of all former independence — these indicate the wide range of possible reactions to such a threat. These wounds inflicted upon the little child's emotional security create scars that often carry over in behavior disorders for years to come. The first visit with the mother when he meets his rival also needs to be tempered with understanding. To discover the baby nursing the mother has a double threat, for not only is the rival close to the mother, but he is also permitted to enjoy the satisfactions that the older child has had to give up such a short time before. Such remarks as, "Don't let him do that! He is eating my mother", suggest the degree of conflict that may result. It is no wonder then that the child who feels too deprived by this new arrival finds it necessary to regress to his own former baby ways, refusing solid food, demanding the return of the bottle or breast, losing sphincter control, losing the ability to dress and care for himself, and the like.

Mishandling of the child's jealousy and rejections by punishment and parental displeasure only intensify his struggle, and make for a fixing of negative attitudes that often reflect themselves in his social adjustments to any group outside of the home.

If the first school contact is precipitated at this time, the

original pain and discomfort coming from a feeling of being unwanted is increased. Small wonder then that in some of these little children who are unready for the wider group adjustment, we see all kinds of behavior disorders developing as the child is first introduced to the school experience. Emotionally so threatened by the need of further weaning from parental dependence, he is unreceptive to the more formal educational approach. He resents the mother substitute in the teacher and he objects to the many rivals in his group. Whether he shows this by a complete withdrawal from the group activities or satisfies his hurt feelings by becoming aggressive and the bully of the class, matters little. The thing that is important for the teacher and the parents to recognize is the purpose of his behavior. Efforts can be made to alleviate his suffering so that he may substitute responses of a more socially acceptable kind, while still possessing satisfactions that are equal to or more complete than those destructive reactions that he has been using.

The child who is ready for the next adventure because he is secure in his relationships can meet this new challenge without serious assault to his composure. Parents who have mishandled their child so seriously that he has become maladjusted to the point that they despair of ever making him an independent person, and who in desperation send him to the nursery school, the kindergarten, or the first grade hoping that he may achieve maturity, have little real understanding of the additional feeling conflicts that they may precipitate by carrying through such a plan.

In the school setting we see the child forced to compete with his fellows not only upon the social level for the attention of the teacher, but also upon the physical level in games and other activities—with children some of whom are bigger and stronger than he. The intellectual efforts demanded in the classroom rivalries for scholastic superiority give added impetus to many of his emotional strivings.

The wide range of response possibilities found in children suggests how completely the child brings to new situations feeling tones that are the product of all the experiences through which he has lived. When one finds the child incapable of competing successfully with others on a physical basis,

the impulse to feel inadequate is readily understandable. To these inferiority feelings which develop and which are painful, he musters all the responses within his reach to offset the threats of failure. In some cases, we see the choice of regressive behavior with baby talk, stammering, shyness, inability to concentrate, frequent demands to go to the toilet, clothes-soiling, masturbation, daydreaming, etc. In other cases a more overt kind of compensatory behavior may develop. Outstanding symptoms such as aggressiveness, stubbornness, boisterousness, bullying, truancy, lying, stealing, destruction of property, physical cruelty to the younger and weaker members of the group, and many other reactions of like kind, suggest the intensity of conflict within the child.

Where facility in scholastic achievement is highly valued by the parents, the child may hit upon a drive for high marks as a compensation for his feeling of physical mediocrity. While this pattern may be looked upon as possessing some more constructive possibilities, even here we are made aware of the possible personality-warping that may result from too great emphasis on the value of "head-end" development, with the exclusion of all efforts to promote physical prowess or social adaptation. Children who satisfy their conflicted needs in this fashion cannot be expected to show well-rounded personality development as they grow older. When they strike the adolescent phase and gradually approach adult physical development they will continue to show many of the same angulations of personality that interfere with completely mature or successful adult adaptations.

In the case of scholastic dissatisfaction due largely to the conflicts that the child takes to school, and that become exaggerated in degree when his class attainments are blocked, one often observes a drive toward physical supremacy. If this is guided wisely, so that the child may achieve a good physical and social adaptation, an alleviation of much of his dissatisfaction may result. The educational process begun in the cradle of parental dependency proceeds through school and group adjustment towards the adolescent years, which should mark the final emancipation of the individual from the dependencies of the childhood days.

One need not concern oneself about the child who is made

constructively secure in the first eight years or more, for out of the very balance on the three levels of his make-up the fine kind of integration of his physical, intellectual, and emotional forces furnishes a very adequate weapon with which to meet the threats of the later years.

When one sees the many cases in which this unification of personality is interfered with by poor handling, inadequate understanding, overstressing of the dependency or authority aspects of control, one can't help but wish for a wider dissemination of mental-hygiene philosophy. The child who approaches adolescence with many unresolved conflicts finds himself heavily burdened. Just the physical growth and physiological development of this period present new aspects of adjustment. When we add to this the demand placed upon the child-adult in the educational and social experiences, it is small wonder that we find this period punctuated with emotional stress and strain. On the emotional side the adolescent becomes consciously more aware of the intense pull between the two impulses—one to grow up and the other to remain a child. Many of them express this very feeling in their attitudes and moods. Often in their irritation they rail at the need to grow up and express the wish that they might be permitted to remain children. In truth some of them never resolve this conflict, for their emotional immaturity makes adult emotional adjustment too threatening, and we see them crystallizing their infantile attitudes more completely through exaggerations of phantasy and withdrawal. These exaggerations of personality maladjustment, if permitted to persist unresolved, will lead to the development of symptomatic patterns identified as neuroses or psychoses. In the cases where overt projective, asocial behavior represents the attempt at achieving emotional satisfaction, one finds the individual in later years becoming identified with the delinquent and criminal groups.

In conclusion I cannot emphasize too strongly the need to push our efforts unremittingly toward a more effective sort of education of parents, teachers, and others closely concerned with the training of the child—an education that will stress the need for preventive measures, and will set up as the ideal of education helping the child to gain the tools for emotional and social maturity.

MENTAL HYGIENE AND CRIMINOLOGY *

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(Translated from the German by Miss E. F. Dexter)

THE opportunity of speaking in this country on the subject of the mental hygiene of criminology is unusually attractive. Nowhere is the social application of psychiatric knowledge so advanced as in the United States. You have the widest practical experience in this field and it would be presumptuous to attempt to instruct you along these lines. I have been much impressed by the contributions to this subject of Dr. Frankwood E. Williams (1), Dr. Healy (2), and Bernard Glueck (3), as well as many others. The marvelous organization with which you discover the juvenile criminal, confine the adult criminal in a suitable institution after obtaining a diagnosis, isolate the recidivist, etc., fills us with amazement. In the face of this carefully conceived organization, we feel ourselves mere beginners. Such an apparatus in the service of the application of science seems to us in the old world Utopian. Especially pleasant is the prospect that psychoanalysis, which has given to psychiatry the microscope of the mind, should one day, when it has found its way into your organization, obtain through this organization that social application which in my opinion is the future problem of psychoanalysis. Less than a year ago, at the International Congress for Psychoanalysis at Oxford, I stressed the fact that the use of analytical psychology for the treatment of psychoneurotics was indeed the historical starting-point of psychoanalysis, but by no means the most important problem of its future.

The psychoneurotic is without doubt an especially fortunate object of investigation, not only because he is capable

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of a psychic contact with his physician but because in his need for help he really desires such a contact. The study of these patients has made possible the development of psychoanalysis, which as a universal science of psychic processes makes a claim to being universally valid, equally valid for the psychoneurotic, the normal being, the genius, the criminal, the psychotic, and the child. This expansion from the original object of research to new objects lies in the nature of every science. The laws of falling bodies, discovered through a falling apple, were applied to all the heavenly and earthly bodies that are subject to the force of gravity.

To be sure, the expansion of psychoanalysis to other new objects met with some particular difficulties. For purposes of investigation there is no object that is nearly as favorable as the psychoneurotic. As already mentioned he is capable of psychic contact and seeks such contact. The psychoanalytic situation is the classic situation for the investigation of the life of the mind. No individual has inclination or reason to surrender to another person his most intimate feelings, to submit to such a psychic operation, except the sick person who hopes for cure as a result of this operation. The normal being, the genius, and the larger number of criminals experience no need for granting to any other human being an insight into their minds. The psychotic is generally incapable of coöperation with his physician. But when we have once obtained through psychoanalytic investigation of neurotics exact knowledge of the course of psychical processes and of the formation of human personality, then there is nothing in the way of our applying this knowledge in other cases, not only in the service of therapeutics but also for other purposes. I know that here in America you are more optimistic as to the psychoanalytic handling of schizophrenia (for example Dr. Brill [4]) than most investigators in Europe, and that you consider the psychogenetic factors in this disease to be larger.

In how far this optimism is justified is a question in itself. But one thing is certain: the formerly incomprehensible symptoms of the schizophrenic, the course of his disease, can be understood with the help of psychoanalysis, and out of this understanding of the process of the disease will come an ade-

quate method of treatment, one that will not be identical with, perhaps not even similar to, the psychoanalytical treatment of the neurotic. The technique of treatment cannot be transferred schematically from one object to a totally different one, but must be adjusted to the nature of the object; we have learned this from the analysis of children and the treatment of juvenile delinquents (5). In the dynamic relationships—for example, in the relative strength of the impulses and the ego—the schizophrenic is so entirely different from the neurotic that it would be a sheer miracle if we were able to treat schizophrenia with the same technique and the same end in view as when we are treating the neurotic. To find the corresponding method for the psychotic is still the problem of the future.

In the case of the criminal the state of affairs is different. The next step on the long road toward making a practical transference of the knowledge of psychoanalysis from the psychoneurotic to new objects is the application of this knowledge to the criminal. According to the unanimous statistical results of European and American investigators, such as Bonhœfer, Aschaffenburg, Glueck, a very large number of criminals are mentally sick, and in most cases this sickness may well be considered as a special form of psychoneurosis. A very large number of these also are seen to be extremely similar to the psychoneurotic in personality and in mental power.

This fact is the basis for my subsequent remarks. Yet allow me to return first for a moment to my starting-point, to the question of psychoanalysis and the American organization of social psychiatry. There is no question that only an organization like yours can make an approach to the criminal possible in any broad way. In my efforts to study criminals, I have felt keenly the lack of such an organization. The study of the neurotic needs no outward help—the patient comes to the doctor in order to be healed. But the criminal must be brought to the investigator or the doctor, and his treatment or education cannot be a private affair financially. For this reason you will understand my special interest in the mental-hygiene movement of America.

You consider the problem of mental hygiene in the field of criminology first as prophylactic, secondly as therapeutic.

You wish to reach the incipient criminal when he is as young as possible; to cure the adult criminal, or at least to make him socially harmless; if possible, to make social use of his capacity for work. This plan is well thought out, but the execution of it is surely not easy.

First you bring together forces suited to the execution of this social program. Psychiatrists, psychologists, and social workers all work together toward a common end. You have created the idea of the social worker, or at least given it its essential development. So far as I can judge from a distance, this sort of soldier seems indispensable in the fight against the criminal. Further, you have rightly recognized the fact that the best approach to the criminal is through the courts, especially the juvenile courts, where the criminal comes for the first time into conflict with society. You have also rightly recognized the fact that little that is practical is accomplished by the first step—namely, the diagnosis and classification of the criminal. There is need of institutions where the psychopathic criminal can be taken after his diagnosis, to be interned and either treated in some way or educated. With these arrangements you have created the outward framework for your fight for the prevention of crime. You have places where you can reach, observe, and diagnose criminals; and you have places where you try to influence or even change them psychically; and last but not least, you have well-developed forces that devote themselves to these problems.

The supposition necessary for the successful practical execution of this plan is, of course, psychological knowledge of the criminal, because only with the help of such knowledge will you be able to make a diagnosis, classify him exactly, and change him. This splendidly planned and organized framework needs a scientific basis that corresponds to it, that is, an efficient psychology. I do not believe that the psychiatry of to-day is in a position to judge the psychology of the criminal correctly and to classify him, to diagnose exactly the pathological offender and have a deeper influence upon his psychic attitude—unless it knows the unconscious me-

chanisms. Your splendid organization deserves an efficient psychology.

My remarks will therefore have reference to this field: the psychology of the criminal in the light of psychoanalysis. The results of this investigation I will then try to apply to the two practical problems of the mental hygiene of criminology:

1. Diagnostic understanding and classification.
2. Influencing the criminal psychically.

There first arises a question of principle: Is it permissible to speak of the psychology of the criminal as something universally valid? Does the criminal attitude of a person always rest upon a constant character quality which affects the whole existence of the person? Is crime just as characteristic for a given human being as his neurosis, his psychosis, his intelligence, or any other character quality? It is scarcely necessary to disprove the theory that criminal behavior is in every case a typical abiding characteristic of an individual in the sense in which Lombroso and his school understood it; they thought of the criminal, in fact, as a person who was biologically different from the normal. Under unusual circumstances any one may commit criminal acts, and a great number of our criminals—for example, professional thieves, burglars, or vagabonds—would cease to act criminally if their social situation were changed. One almost comes to the opposite conclusion, that crime is not a distinguishing psychological characteristic of a given individual, but the result of the interrelation of his traits of character and his situation in life. Many people who under certain social circumstances act criminally would under other social conditions respect the law. On the other hand, it seems beyond question that with many people criminal behavior is deeply rooted in their character. These offenders would probably tend to crime under any circumstances.

Even this superficial reflection shows us that the question of criminology is not a unified problem; it belongs to the field of psychology and also to the field of sociology. It is therefore wise to define more closely our conception of criminology. As a matter of fact, lack of respect for existing laws (this is really crime) may have all sorts of motives. A brief

dynamic-psychological consideration allows us to limit these factors schematically. First it appears self-evident that people who are at an advantage in the social organization will more willingly respect the regulations, the laws, the social order in general, than people who are at a disadvantage in that organization. A greater tendency to crime is thus always the result of the position that a person has in society. But this is certainly not the only factor. This point of view seems especially superficial if we think of the disadvantage in life as being a purely material, financial one. Besides economic disadvantages there are causes enough for dissatisfaction on this earth. It is precisely psychoanalytical investigation that has brought to light the remarkable fact that people often transfer to the economic field their discontent in their love life. So the unfulfilled desire of a woman for a child may often be concealed in the tendencies of kleptomania (6). This powerful desire for a child, under some circumstances so difficult of fulfillment, may in such cases find relief in a quick movement in a shop. In other cases we see hidden behind compulsive stealing other motives of which the doer is unconscious—wishes that life or the conscious ego has denied and that have nothing to do with the economic life. If we come into the field of psychology with a little example like this, the preceding remarks immediately seem to us academically abstract, as is always the case if one confronts schematically deduced considerations with the specific observations of an empiric science.

From these general observations we get the following practical conclusion: in general, the tendency to break existing laws cannot be deduced from psychic qualities alone, but is more or less dependent upon social position. Perhaps the easiest formulation would be that in general all discontent in life increases the tendency to disregard the existing order. Among the causes of this discontent the economic-social situation certainly plays an important rôle, but not by any means the only rôle. Even this very beginning of an approach to the problem shows us that we shall not be able to master this complicated complex of questions without a knowledge of the dynamics of human feeling and action.

The introduction of the psychoanalytic point of view

teaches us that we usually formulate the etiological question of criminology in the wrong way. We are inclined to ask, "Why does a person become a criminal?" instead of asking, "Why don't all people become criminals?" The first form of the question is due to the ordinary pride of most people and to their lack of knowledge as to their own personality. This question presupposes the unexpressed conviction that it is natural to be a righteous citizen and that a special explanation is necessary when people do not respect social regulations. Psychoanalysis, on the other hand, teaches that people come into the world with impulses and instincts that are not adjusted to society; that they are born as criminal beings, meaning by this that if a little child could realize the demands of its instincts, it would act as a criminal. Further investigation then shows us that the entire development of the instincts of the child from the age of four, five, or six on consists of a gradual adjustment of the demands of the instincts to the demands of society—a development that no human being carries to complete success. Only one part of the personality becomes socially adjusted. That another part of the person remains asocial or criminal is proved by dreams, the slips of everyday life, daydreams, the psychoneurotic and psychotic symptoms, in short, by all the outward expressions of the life of the psyche in which unconscious impulses come more clearly to light. The motor control of the criminal impulses and the partial exclusion of them from consciousness is the highest accomplishment of adjustment to society in the cultured human being of to-day. Various people succeed to varying degrees in this adjustment. The right form of the question is, "Why do not people in general become criminal?"—or, differently formulated, "Through what processes of development does the originally asocial child turn into a social being?" In the disturbances of this process of adjustment we shall find the etiological causes of delinquency.

The basic fact that in the unconscious in every human being in society there are present in a more or less dynamically active form unadjusted, that is, criminal tendencies, allows us the first rough classification. Theoretically, every person is capable of breaking the law, but we can nevertheless distinguish the chronically criminal or delinquent from the

accidentally criminal. For the first group a constant tendency is characteristic, a tendency to carry over into action the originally asocial trends, while the accidentally criminal act in this manner only under special circumstances. The special circumstances may be occasional, sporadic, but may also be constant. Any human being may find himself in a situation in which he becomes an offender against the law, but certain people live constantly in conditions in which, even with a normal psychic development, they cannot be successful in repressing their criminal tendencies. I should almost like to say that in such cases we have to do with the pseudo-chronic criminals, who, however, are criminal only as long as the burdensome outward conditions of life are in force. In this investigation we are interested first in the really chronic criminals, people in whom the tendency to overstep the law is a distinguishing characteristic of their personality, and who cannot be influenced at all by a mere change of environment or of social situation. The prevention of crime in the other group, in which the decisive factor leading to the offense is to be found in the temporary conditions of their life and who cease to be criminals as soon as these conditions cease to exist—this is a social-political problem that does not come within the limits of this investigation, or only to a very small extent. It is self-evident that it is of especial importance to distinguish in our diagnosis these two groups, that is, the criminals with a sociological etiology and those who are criminal in their very character. But this problem of diagnosis in itself presupposes knowledge of personality.

This is not the place to set forth the principles of the psychoanalytic dynamics of the psyche. Therefore I must be content with a few brief remarks upon the main viewpoints that give us the basis for our investigations of the psychology of the criminal. Gradual adjustment to the demands of the common life of society demands ever-increasing restriction and renunciation, as far as the instincts are concerned. The psychic life, which is subject to the pleasure-pain principle, can attain renunciation and restriction of the instincts if rewarded by pleasure. With threats of pain—that is threats of punishment—alone, it is possible to hold the instincts in check, but this state does not mean renunciation of them.

The instant that the threat of punishment, that is, the person in charge, disappears, the law will be broken. Even every animal trainer knows that he cannot get along without pleasure premiums, without rewards. If social adjustment were based only upon a system of punishments, there would have to be a policeman standing behind every citizen. The problem of adjusting the instincts consists in impressing in some way upon the child the fact that the desired renunciation of the instincts means in the end a plus in pleasure, a minus in pain. This can be brought about only through a correct combination of the forbidden and the permitted. It is only when the apparatus of the psyche realizes that an accomplished renunciation means not only the avoiding of pain, but also the assurance of some allowable satisfaction, that there can be developed that part of the psyche which takes upon itself the prohibitions and commands that have formerly come from outside, and then of itself sees to it that these demands are fulfilled. The social regulations are in this way incorporated into the personality as the super-ego, but they are accepted by only a part of the entire personality. This socially adjusted part is antagonistic to the original asocial, instinctive part of the personality. The psychic apparatus of the normal adult of our present civilization is in this dynamic state of conflict. This split between the socially adjusted parts and the original part of the personality is also to be seen in the psychoneurotic, and of course is much more clearly expressed in criminal characters.

We could prove with Mr. Staub (6) that the equilibrium described above between self-renunciation and the satisfaction of the instincts is the basis of our feeling of righteousness. The feeling of justice is an extremely sensitive regulating organ, which at every disturbance of this equilibrium immediately reacts with the emotion of indignation and an outbreak of the instincts. When instinctive satisfactions that have been won and for a certain length of time have been allowed—legally expressed, rights—are taken away from man, he immediately breaks that part of the contract to which he is obligated, namely, the repression of the instincts. The result of the violation of our feeling of justice is a regressive movement, a breaking-through of the instincts. We might

formulate this relationship in this way: On every level of civilization man is adjusted to a certain definite relationship between the renunciation and the satisfaction of the instincts. If social development demands new renunciations, this means a difficult new accomplishment in adjustment, which can be really assured only when civilization succeeds in furnishing new satisfactions in exchange for the accomplished renunciations. There is no need of showing any more clearly that among people who are living under different economic and sex conditions the actual relationship between the renunciation of and the satisfaction of the instincts will be a different one. Nevertheless, the laws that regulate the renunciation and the satisfaction of the instincts have equal force for all people without any relation to the respective possibilities of satisfaction. It is clear that those people—one might perhaps say those classes—who find their renunciations greater, their satisfactions smaller, accomplish the necessary adjustment with more difficulty, because they live in a continual state of feeling that justice is violated. There is the same violation of the feeling of justice when a new renunciation is demanded of me for which there is no recompense as there is when another is allowed to do or to enjoy what is forbidden to me. Therefore, unjust punishment causes just as much violation of the feeling of justice as does the failure to punish a lawless act. In the first case the person is punished for something that according to the feeling of human beings is allowed—that is, unjust punishment denotes a plus in the demand for renunciation—while in the second case a satisfaction is allowed to the one but denied to the other. It is clear that a complicated process of identification of the members of a society with one another forms the basis of our feeling for justice, since the equilibrium described above between the renunciation and satisfaction of instinct is stable only when it applies to all in equal measure. The restraining power of that part of the psychic apparatus which has incorporated the renunciation and carries it out against the other part of the personality, the super-ego, is thus dependent upon the attitude of the other members of society. This explains the vigilant, jealous interest of the masses in justice, in the activity of the courts.

These brief, dynamic considerations give us an idea of the factors that promote and hinder the social adjustment of man. Before we enter into details it can be said in general that the greater the necessary renunciations and the smaller the possibilities for compensatory satisfaction, the more difficult are the conditions of adjustment. In this field it appears that the two great instinctive qualities that have to endure the disturbances of the equilibrium between renunciation and satisfaction are hunger and love—that restraint in the field of self-preservation and of sex are the commonest causes of the outbreak of the instincts, that is, of crime. Of course, as in all branches of the study of human beings—for instance, medicine, ethnology, and psychology—so also in the study of criminology the sex factor has been neglected in a most radical way. Up to the time of Freud this blind spot in regard to sexuality in all the sciences concerned with human nature was a characteristic mark of our present civilization. On the basis of thirty-five years of empirical investigation psychoanalysis has been able to show that the child's first difficulties in adjustment occur in the family life and lie in the emotional relations to parents and brothers and sisters. Questions of economic existence, which are so clearly found among the later causes of crime, do not play any rôle in the early years of the child. In spite of the fact that there is probably no psychiatrist or psychologist who would not to-day seek the causes of later criminal character in childhood, still, strangely enough, these same psychiatrists and psychologists, when they concern themselves with the question of crime, do not draw the logical conclusion and look for the disturbances to childish development in those fields where the instinct conflicts actually take place. The rational economic causes of criminal behavior that later stand in the foreground are—at least in criminal characters (chronically criminal)—only forms of release. The tendency to the outbreak of criminal instincts is acquired in the unresolved instinct conflicts of childhood.

The most important and theoretically significant fact in this period of early development is the fact that the two realms of instinct that are later so evidently distinct from each other, those of self-preservation and sex, are in childhood not yet divided, but appear confused with each other.

In those early pregenital periods when the mucous membrane of the mouth is important as a pleasure-giving zone, in the suckling period, and for some time afterwards, the mingling of the tendency to self-preservation with the erotic is seen in an unambiguous form. The Hungarian pediatrician, Linder (7), who even before Freud had described, with the lack of prejudice proper in a scientist, the sexual nature of sucking, certainly did not realize what far-reaching significance his observation was to have in the understanding of the psyche and so in the understanding of the life of society.

For those who think in biological terms this connection between the function of nourishment and the instinct to propagate is not remarkable. In single-cell organisms we see propagation, that is, division, as part of the phenomenon of or as a resulting phenomenon of nourishment. When the cell has reached the limits of individual growth, it divides itself in two. Propagation is here clearly a growth that oversteps the limits of individual existence. In the child there appears soon after his birth this manifestly close connection between the instincts of self-preservation and sex—nourishment and pleasure, or, to express it otherwise, purposiveness and pleasure. Man in his later life is never entirely freed from this. The alternating play of the motives of self-preservation and of sex in all its ramifications is the daily experience of every psychoanalyst. The analysis of criminals shows exactly the same mingling of the two instincts that we have observed in the normal and the neurotic. We shall mention only a few facts that are known to most people.

The close connection between alcoholism—or in general any morbid habit—and repression in the field of sexuality has been proved by many investigations. Indeed, even the voice of the people tells us that an unhappy marriage drives a man to the tavern. Every unprejudiced observer of the child must admit that in the child stealing is much less an action directed toward real value, that is, toward self-enrichment, than it is in the adult; it is rather the expression of a tension in which emotional elements that belong to the realm of sexuality play a very important part. From the instinctive stealing of the child comes the purposive stealing of the adult, which has an evident rationally economic character. The

transformation of childish instinctive stealing into economic stealing is only part of the phenomenon of that strange process of the psyche, as yet not fully investigated, by means of which originally playful, pleasant, irrational actions and deeds are gradually placed at the service of purposiveness, that is, are rationalized.

The increase of this process of making human conduct purposive, or rationalizing it, seems to me the chief phenomenon in the development of civilization. In his excellent study the ethnologist Roheim (8) was able to show that among primitive peoples, for instance the Melanesians, money served in general for the satisfaction of the playful, infantile instincts, and not for any serious economic purpose. The invention of money did not have any of the great economic usefulness and meaning of the money of to-day.

Wherever we look in the development of culture, we see the same phenomenon. Whoever admires at Versailles the noble system of fountains of Louis XIV, and considers that at that time the knowledge of the technique of water power served almost exclusively the purpose of playful, instinctive, æsthetic satisfaction, and that its application to the purposes of washing, drinking, canals, was still completely unknown, and whoever further considers that it was almost two hundred years before this knowledge of the technique of water power found its present rational application—that man will recognize in this small field of cultural development the same progress toward usefulness. Or compare the artistically built coach of the rococo period, not with the automobile of to-day but merely with the plain equipage of the end of the century, and you will see that this technical invention too has been to a great extent rationalized. At the rococo period the carriage served for locomotion but even more for playful, æsthetic enjoyment, and it sacrificed usefulness in favor of beauty. I cannot help deducing the invention of the airplane also from that playful, instinctive wish fulfillment of the imagination which our dreams of flying call forth, rather than from those useful aims that completely dominate the technique of flying to-day.

I should like to sum up these facts in the process of development of civilization in the following way: human expressions

of instinct are subject to a continual tendency to rationalization, that is, they develop more and more from playful, uncoordinated, purely pleasure efforts into purposive actions. The playful expressions of the Eros are, under the influence of the Ananké, more and more placed at the service of usefulness.

This is the first point of view we must take if we wish to understand the criminal actions of the adult from observing the criminal tendencies of the child. Infantile crime does not appear in the guise of profit to the same extent as that of the adult. The criminal tendency of the child is the result of cruelty, envy, jealousy, unfulfilled desire for love, revenge, desire to please by exhibition, inferiority, etc. (To overlook or to forget completely the sexual causes of this was the accomplishment of Alfred Adler, which is impressive in its one-sidedness.) In the criminal acts of adults we see all of these motives present also, yet only seldom with the same exclusiveness as with children, but rather mixed with the rational utilitarian aims of adult existence. Present-day justice is one-sidedly constituted for the finding and observation of only these rational motives. Irrational criminal action is recognized only in the undeniably extreme and therefore plainly pathological cases. Occasionally the diagnosis "murder for pleasure" (*Lustmord*) is given, but it is considered as a casuistic curiosity. But the criminologist, unschooled in psychology, does not suspect how important is the part of a useless, sadistic desire for destruction, even in apparently purposive murders. Wherever a rational motive is mixed with the originally irrational, instinctive motive, no matter whether the dynamic effectiveness of this rational part was decisive in the actual act or not, it is seized upon by all practical and theoretical criminologists in a one-sided way and made entirely responsible for the crime. The idea of kleptomania, instinctive stealing, to jurists in Europe is still a very suspicious term, which is accepted only unwillingly and only in very striking cases. I once had to have a long struggle in order to prove to a lawyer that a young girl, who among other things had especially often stolen pictures in which mother and child appeared, had not done this with the intention of enriching herself, and that this strange choice of

stolen objects could not be explained by a utilitarian motive. The lawyer wished to explain the theft of a cheap edition of Faust by the fact that this young girl, who two years later went on the stage, had perhaps already been playing with the idea of becoming an actress and appearing in Faust. I emphasize this simple rationalization because it is absolutely characteristic of the constructive psychology of our judges, who try to explain every human action by consciously rational motives and to whom every phantastically constructed motive is preferable to the instinctive-emotional motive that is generally the determining one, as to the nature of which they know nothing.

In the case of a postman who had opened registered letters and used the money contained in them—that is, had performed an action that appeared very rational—I could only persuade the court of the determining effect of instinctive, irrational motives because I succeeded in following these thefts back into his earliest childhood, where a very specific emotional situation was always characteristic of them, namely, the compensation for an oral repression through stealing. This postman used the stolen money only in small part for good meals in expensive restaurants; the greater part of the money he spent almost entirely for cigarettes. His chief passion was smoking, which was with him almost a mania. Stealing was, of course, not a means of getting cigarettes, since he could have got them without stealing, but it was another expression of the same instinctive oral demand that was hidden behind the nicotine mania. In this case the originally instinctive impulse to steal, which always has an oral source (9), had not been used, as it generally is, for utilitarian, economic ends, but had retained its infantile character even in after-life.

The first outward form of the childish impulse toward possession is incorporation through the mouth. The hand, the organ of theft, later takes over the function of possession (10). Instinctive stealing retains its oral character, which is shown by the fact that just as oral incorporation is accompanied by pleasure (quite aside from the satisfaction of hunger), so compulsive stealing retains the character of a pleasure-satisfaction. In the usual thefts of the normal person this element of pleasure plays a subordinate rôle in comparison with the

rational, economic ends. This is the difference between the kleptomaniac and the common thief. But it is precisely in this respect that the psychopathic criminal differs from the normal delinquent in general. In the case of psychopathic offenders the infantile, instinctive motives retain their original form and are not used, or used only to a small extent, for utilitarian purposes. But because this infantile, instinctive part of the psyche is subject to repression in mentally sound people, these motives are not conscious ones with them, and therefore the admixture of overdeterminations, of which there are always traces, must be enough to explain the deed to the perpetrator as well as to the judge. Neither the conscious ego of the offender nor that of the judge likes to admit knowledge of the presence of unconscious motives. The feeling of the majesty of the human psyche, the illusion of control over the conscious, sensible personality, is disturbed by the knowledge of active, irrational, unconscious motives. For the sake of this illusion psychoanalysis, the psychology of the irrational life of the psyche, is still being generally opposed to-day.

It is not hard to find our way back from these unsystematic remarks to our systematic investigations. In order to understand the criminology of the adult, we must understand the criminology of the child. It is not permissible to seek in the criminal impulses of the child the same rational motives that we seek in the adult. The later purposive crimes of the adult are the result of the universal tendency of mental development that we mentioned before, which places at the service of utilitarian ends the original psychic forces that strove for pleasure and for emotional release in general. In proportion as this tendency is effective, we can talk of normal and of psychopathic offenders. For the latter group it is important that the process of rationalization remain incomplete, that these people retain, like the psychoneurotics, the original tendencies of childhood in an unmodified form. The first diagnostic problem of mental hygiene is to establish the border line between these two types of evil-doers. Of course, this border line can be established with certainty only in the case of adolescent criminals; among children such a distinction is very difficult and in the actions of a very small child

quite impossible, because the principle of utility does not yet play any rôle with him. This distinction is of decisive importance practically, because upon it depend the regulations that must be made in regard to the two types of offenders. Even if it is not necessary to enter here into the finer pathological, individual mechanisms that form the basis of the disturbed coöperation between judgment and the demands of the instincts, nevertheless the question of the diagnostic distinction between the normal and the pathological law-breaker deserves a more detailed discussion. I believe, in fact, that this distinction is one of the most important practical problems of the psychiatric criminologist. I am not acquainted with the historical rôle of the genetic psychiatrist (*Geschichtspsychiater*) in the United States, and so I do not know whether it is possible to speak of the failure of forensic medicine here in the way we can in Europe. As medicine before Freud failed in the case of hysteria, that capricious disease which made sport of certain prejudices of medicine, so forensic medicine failed in the case of psychopathic culprits, that great group of so-called border-line cases between health and sickness. Just as hysteria did not fit into medical dogma, so psychopaths do not fit into the paragraphs of the law nor into the well-known diagnostic groups of the psychiatrists.

Descriptive psychiatry, to be sure, has long recognized these pathological personalities, which come into conflict with the existing laws, and describes them under various names. To-day they are generally called psychopaths, a term that is synonymous with the psychoanalytical conception of neurotic or of instinctive characters. First of all they are people of whom something negative is characteristic, namely, that they do not fit into any definite group of neuroses or psychoses and yet clearly appear as psychically sick. The psychiatrist can diagnose them, not so much by the aid of his knowledge of the pathological psychic processes that are characteristic for them, as intuitively, through psychiatrically trained insight. Various psychiatrists mention many sub-groups. So Kraepelin speaks of the spendthrifts, wanderers, dypsomaniacs, gamblers; Bleuler of excitables, the spineless, the perverse, and enemies of society. We used to like to use for these people

the term "moral insanity". In addition to the negative quality mentioned earlier (that they admit of no clear psychiatric diagnosis), the common distinguishing mark of these types—which apparently are not closely connected—is their well-preserved intelligence. The disease element affects only their emotional life and behavior. Hence the expressions moral inbecility, emotional idiocy, etc. They act senselessly, as if their intellects were disturbed. But closer investigation shows that their intellectual functions are often rather supernormal than subnormal. Recently there has been a tendency in psychiatry to consider these diseases as abortive or incipient psychoses or neuroses, because they often show hysterical, epileptic, schizophrenic, or manic-depressive traits. According to this conception they would be transitional or incipient forms of frank neuroses or psychoses. The appearance of epileptic attacks, epileptic traits of character, and epileptic equivalents would fit into this conception especially well. Part of the criminal action carried out in epileptic states of trance can be considered really as the equivalent of severe attacks.

Following the same pattern as for epileptic characters, there arose such terms as hysterical, schizophrenic, schizoid characters. The much-discredited term "moral insanity" was replaced by these expressions, which sounded more scientific. But I do not think that the difficulty in diagnosing can be removed by tacking on exact-sounding "isms" and "oids". What is necessary for an exact diagnosis is a detailed knowledge of those processes of the psyche that are characteristic of these people. I will only mention here the most important of the diagnostic signs that can be established with the help of a relatively short psychoanalytic investigation.

As already stated, the behavior of these people betrays a clearly irrational trait, which, to be sure, is sometimes covered by a thin layer of dynamically effective rationalization, as, for example, in the case of kleptomaniacs who deceive themselves and those around them with a pretended economic aim, or in the case of sadistic violence, where we find a mixture of apparently rational motives such as revenge, retaliation, or self-seeking.

The second distinguishing symptom in diagnosing is the stereotyped form of behavior.

And lastly, the third symptom is the presence of the psychic conflict, which is not always expressed by conscious remorse and the determination to lead a new life after the criminal act, but often only by unconscious reactions of the conscience. These unconscious reactions of conscience are betrayed to the trained insight of the psychoanalyst through the tendency to self-punishment, which often leads to self-accusation, or through apparently involuntary actions that betray the culprit to the police.

The triad, *irrationality, stereotyped form, and psychic conflict* are the ever-present clinical symptoms of the psychopathic culprit. All three are the expression of the same psycho-dynamic and topical situation. The behavior of such people is to a large extent subject to unconscious instinctive motives and to a lesser degree to the conscious judgments of the ego. From this comes the irrational, instinctive character of their behavior. The stereotyped form is another result of the psychic conditions. The instinctive actions always get the upper hand in the same way, because these people do not learn anything from their unhappy experiences in the past and pay no attention to the prevailing conditions of the present—because of the ineffectiveness of their functions of reasoning. The unconscious demands of instinct conquer without any regard for the experiences of the past or for the present situation, and always in the same way. These two distinguishing marks, the irrationality and the stereotyped form of the action, bring into the life of these people the demonic, fatalistic trait described by Freud years ago (13).

The third symptom, psychic conflict, is also an expression of the same topical dynamic situation. The ego, generally well preserved in its logical, moral, and æsthetic functions of judgment, is placed before a *fait accompli*. Remorse, condemnation of the act, comes too late. But where a conscious condemnation of the act is lacking, there even a superficial psychoanalytical investigation finds the unconscious expressions of condemnation: the self-condemnatory tendencies already mentioned. The riddle of the fact that people with

a well-preserved intelligence act irrationally, that people of pleasing social and even moral traits act in an almost compulsively criminal manner in spite of ever-renewed resolutions, receives in the light of this its dynamic psychological explanation. The mysterious group formerly known as the morally insane is thus made clear to us. We understand why these people continually mislead their companions, why their relatives are always inclined to believe them, in spite of sad experiences. When we are consulted as physicians in such cases, we hear the same things that we hear from the witnesses when we are brought into court as experts, namely, that the sick man—that is, the culprit—is an intelligent, often a talented man, pleasant, universally beloved, a man who, as if driven by an evil spirit, from time to time commits acts quite contradictory to his character. The lawyers dislike to hear this popular expression "possessed by an evil spirit", though it occurs almost daily in our court rooms; they consider it a superstitious myth or a lazy excuse. But unfortunately even the psychiatric expert, who almost always lacks understanding of the psyche, is only too inclined to do as the lawyer does and overlook, or at least underestimate, the morbid element, unless he finds some of the psychiatric symptoms that he is acquainted with, and unless the intelligence test shows some defect. As so often occurs, here too scientific knowledge must bow to the intuitive wisdom of the people: behind the myth of the evil spirit lies a true observation; the demon is in this case the powerful unconscious, forcing itself to victory. The actions of these people, which have a more or less compulsive character, can be considered as the equivalents of the psychoneurotic symptoms, because like them they have their origins in unconscious motives. The only difference from the neurotic symptoms is that these actions arising from unconscious impulses are themselves overt. The neurotic symptom has only a subjective value, is sometimes annoying to the environment but never dangerous, because it is never capable, as is the case with an action, of causing any changes in the outer world. I have suggested calling this instinctive action, in contrast to the neurotic symptom, neurotic performance (*neurotisches Agieren*) (14). For neurotic performance the triad named above—irrationality,

stereotyped form, conflict—is just as characteristic as for the neurotic symptom, but there is still a fourth mark, namely, that the neurotic performance represents an overt action that is important to, even dangerous to, the environment.

These views are important not only in distinguishing by diagnosis psychoneurotic law-breakers, but also in choosing the measures to be used against them. While punishment and threats of punishment may have a terrifying effect upon normal law-breakers, who act with conscious deliberation, all such measures have absolutely the opposite effect upon neurotic culprits. Punishments are not capable of checking neurotic performance, because they reach another system of the personality, namely, the conscious ego, and have no approach to the unconscious. Because of the ever-present need of punishment, which appears in the tendencies directed against oneself, referred to before, threats may even lure one on to commit the deed. As I have shown in detail in several studies, the punishment that is endured is the very thing to break down the moral repressions of these people, lessen their sense of guilt, and encourage them to new offenses (14). In this we see the explanation of the obstinate tendency of this group of law-breakers to relapse. Nor is change of environment of any avail here. For these people a paradoxical reaction is characteristic. Improvement of the outward conditions of life (just the opposite of the effect of punishment) increases the feeling of guilt, strengthens the need of punishment, and we see the tragic spectacle of these people committing new crimes just after an improvement in their circumstances, as if driven by their impulse to destroy themselves, as if hypnotized into prison by some magic force.

But the communication of the facts of the case in a judicial hearing must also be adjusted to the psychic nature of these people. They are indeed often, almost always, ready to confess—the compulsion to confession is in fact a characteristic expression of their desire for punishment—but this must be differently estimated than the confession of normal people. On the one hand, they like to take upon themselves more blame than is objectively justified, but then again they conceal the most trifling incidents, which have for them a subjective super-meaning. The lawyer, untrained in psychology,

sees in these partial omissions and denials the signs of consciously artful lying. In their confessions they add imaginary details to their act, because this satisfies an unconscious demand of instinct, and because in reality the crime has not taken place in such a way as to satisfy this unconscious need.

So the youthful double murderer Friedländer, about whom I was recently consulted, gave two confessions, the second of which was false and made him rather more guilty than the first. During a quarrel, he had shot his brother and afterwards his friend. But according to the second confession he had killed the friend first and then his brother, who had tried to interfere. This confession certainly did not bring about any lessening of his guilt in committing the crime. The analytical investigation showed that in this double murder two contradictory currents of instinct were operative, a masculine active demand and a feminine passive one. In the brother he had shot a powerful rival; the friend he had envied because of the position in which he stood to the brother, for while it is true that consciously he hated his brother, in the unconscious he loved him in a feminine, homosexual manner. Because of this feminine demand, out of feminine jealousy, he had killed his brother's friend. But because this jealousy was unendurable to the masculine pride of this youth, who suffered from a morbid feeling of inferiority, he was not willing to admit this motive and had to suppress it. Therefore he fabricated a confession in which he claimed to have killed the friend first because the latter had made derogatory remarks about a girl whom he loved. By means of this confession he had simulated to himself and to the world masculine jealousy and indignation instead of feminine motives of jealousy.

But the entire conduct of the hearing will be most essentially influenced by a knowledge of unconscious mechanisms. In such cases the obstinate insistence of the judge that the culprit confess his motives is absolutely senseless. When the psychopathic offender claims truthfully not to know his motives, no one believes him. But when he yields to the pressure of the court and admits some incidental rational motive, which may perhaps have played some part in the act, this, too, seems incredible, because this conscious, rational motive does not stand in any dynamic relation to the deed. So

when no adequate conscious, rational motives are to be found, they have to be constructed. Unfortunately judges and lawyers often make all too extreme use of such constructions. Often these rationalizations are welcome to the culprit himself, because they weigh more heavily on him and because he can hide his real motives from himself.

The distinction between psychopathic and normal criminals through diagnosis is the first step; it must be followed by the various measures that depend upon the diagnosis. Psychopathic culprits belong to medicine. The aim of the medical treatment is the same in these cases as in that of the psychoneurotic: to bring into consciousness the unknown motives—in this case the motives of behavior—and not to observe symptoms only. By making clear the motives, the control of the conscious ego, which in these cases has generally remained intact in the functions of judgment, is extended to the unconscious parts of the personality. The connection of the judging function of the ego with the demands of instinct is reëstablished through the psychoanalytic cure. Only after the control of the conscious ego has been extended over the life of the instincts is it possible to expect restraint of the criminal impulses and prevent relapse.

The prospects of psychoanalysis with psychopathic culprits are usually good because only the connection between the conscious ego and the instincts has been disturbed. As to the details of this disturbance I refer you to the publications of psychoanalytical literature.

An essential difference in the treatment of criminals and psychoneurotics is caused by the fact that most criminal cases, at any rate at first, have to be treated in confinement. The great practical problem of mental hygiene is to provide suitable institutions in which large numbers of these character analyses can be carried on. Not until we have such institutions will psychiatry be able to judge of the efficiency of psychoanalysis. Only so can the claim of psychoanalysis become the common possession of medicine—the claim that a far-reaching change in human character and conduct, especially in adults, cannot be accomplished by such measures as educational efforts or change of environment, but only by means of a thorough analysis, which would last many months.

Of course, in distinguishing normal from psychopathic delinquents, we should find in the latter group other forms of diseased personalities besides those psychoneurotic ones here described, although without doubt the latter are in the majority. The feebleminded and the really psychotic offer no difficulty to diagnosis. They are understood very clearly by descriptive psychiatry. Their treatment is to-day still only in its beginnings. At present it means little more than confinement under favorable hygienic conditions. However great may be the interest in the scientific investigation of these cases, its practical significance is slight because of their small numbers.

Of course, the normal law-breaker offers to mental hygiene a problem that cannot be rated too high. But the practical difficulties seem to me greater than in the case of the psychopathic. Since we look upon crime among normal law-breakers as largely a reaction against their environment, the preventive measures to be used lie largely in the field of social science and the general economic relationships of their land. Changes in this respect lie very far from the activity of physician and psychologist. Any measure that disregards the social point of view is of small practical value. Clearly, here too the psychological side cannot be disregarded. If we read in interesting statistics that an unusually large percentage of criminals is found in a certain quarter of a city, still we must consider that not all the inhabitants of this section are criminals. (The effect of the environment is selective.) The crime of the normal is the final result of the interaction of environment and character. Like all scientific distinctions, the division between normal and pathologic criminals is quantitative. I should label normal law-breakers those people who in their main traits and in their mental disposition resemble normal, not criminal, people; I should call pathological law-breakers those people whose constitution and development from childhood have brought forth character traits that in themselves dispose them to crime.

It is evident that doctor and psychologist are better informed on questions that concern the man himself than on that of his social relationships, and that they are not really capable of judging this side of the problem. And yet it seems

to me that psychoanalysis also offers a new point of view on the social problem.

The psychoanalyst who follows human lives in all their details and ramifications cannot help having the feeling that under the psychic microscope of the psychoanalytical technique the causes of conflicts—or to express it more generally, of human discontent—look different from what one generally imagines. I do not underestimate the significance of the economic situation, so one-sidedly emphasized by the Marxists; its importance certainly does not escape the psychoanalyst. And yet we see that people of the most different social spheres, callings, and economic position all have the same conflicts, which are to be ascribed to a disturbance of the libidinal economy of such a kind that it affects all people, if not equally, at least very similarly. We must further note the fact that we also find (those studying psychoanalysis) this disturbance of the libidinal economy in the well people whom we analyze, though to a lesser degree, and not only in the psychoneurotic. We must admit that a certain discontent is characteristic of civilized man in general, and this discontent—recently called by Freud the discomfort of civilization (*Unbehagen der Kultur*)—is relatively independent of mental disease and social position. It is simply the expression of a disturbance of the libidinal economy that living in a social community entails. But this difficulty in the libidinal household, which community life causes, seems to be increased at certain times of historical development. Parallel with the process described above of rationalization in community life, which takes away from human occupations and social activities their playful, irrational pleasure-seeking—in brief, their character of libidinal satisfaction for the sake of utility—there arises a libidinal damming up that seeks new outlets. This process, which consists of an increasing control of the principle of utility and a decreasing of the principle of pleasure, is, as has been noted, just as characteristic of the development of the man from the child as it is of the development of individual civilizations. Just as childish thought gradually loses its pleasureful, autistic character and has to yield to logical thinking adjusted to reality, and just as the behavior of the child grows from its uncoördinated, playful, pleasure-

seeking state into controlled, utilitarian behavior, so there seems to take place in civilization an ever-increasing *de-eroticization* of the social activities. Our mechanistic economic structure and civilization show this rationalization in vocational activities to an extent never before reached. I think that in this country it is not necessary to waste words in describing this process. The mastery of machine over man is evident. The division of productive work into individual acts that have no meaning in themselves and are subordinated to machine production takes away from vocational activity almost every possibility of libidinal release. This division and utilitarian organization of work is to be found not only in Ford's famous system; it is characteristic of life in general to-day, in factories and also in the scientific procedure of our laboratories. Great economic organizations are taking the place of the small individual concerns and the great majority of people become employees, that is, a mechanical part of one large body. Necessarily every narcissistic and objectively erotic satisfaction is taken away from the accomplishment of the individual. Productive work is no longer an individual but a collective matter; it becomes de-eroticized and automatic.

He who has seen through psychoanalytic investigation the enormous, even though sublimated, satisfaction of the peasant in agricultural activity will certainly recognize the danger in the Russian experiment, which has disturbed by political collectivism of the soil this libidinal factor (for five years) without at the same time offering the dammed-up libido any other possibility of release. Such a sudden artificial interference in the social development shows a complete lack of understanding of the psychology of man. Such an attempt looks upon man as an economic machine, and overlooks the dynamically active part of man, namely, his libidinal, instinctive desires.

However, the spontaneous development of civilization finds, by means of groping intuitive efforts, new vents for the dammed-up masses of libido, which the increasing utilitarianism and de-eroticization of human activity bring with them. From the standpoint of society we certainly cannot consider this automatization and de-eroticization as disadvantageous.

We have the same phenomenon in biology. The greater part of our organic functions take place automatically; it is precisely the regressive, undue re-eroticization of these functions that we recognize as disease, in fact, as a neurosis of the organ and a symptom of conversion. The question is, How is man in our present civilization to create vents for the common, super-individual damming of the libido?

The difficulty of relieving the libido appears all the greater because at the same time that the vocational side of life becomes rational, in the private life of civilized man marriage also loses to an increasing degree its significance as a libidinal release. With the social emancipation of woman—which means that society is using part of the feminine libido for its own interests—marriage as an opportunity for libidinal release becomes rather a weak sister.

A number of characteristic phenomena in present civilization may be considered as well-conceived intuitive attempts to create new roads of release for the dammed-up libido. Just as the imagination of the individual offers compensation for actual renunciations, so society creates places for the satisfaction of the imagination of the masses; the technique that robbed man of so much libidinal relief offers numerous compensations for this theft. The enormous development of the film industry into one of the greatest of world industries is perhaps the most important of these libidinal vents; all that life refuses, man, reduced to a part of a social machine, finds again on the screen. The great success of films of history, adventure, and crime is to be explained in this way. Man can daily find his entire lost individuality in the movies, even if only in phantasy and for a short time. This is the explanation of the great untruthfulness of our films. The film must be untruthful in its illusion of realism, that is, it must simulate an untruthful reality because life has become so impoverished.

Other great industries also are placed at the service of purposeless pleasure mechanisms that go back into the earliest childish existence, for example, tobacco and chewing-gum. The great sums of capital that have been invested in these irrational, purely infantile efforts to obtain pleasure must enlighten every psychologically thinking national economist

as to the enormous dynamic rôle in the stage of the human soul of the purposeless efforts toward pleasure. With the advancing organization of social life it is to be expected that the mass demands for such libidinal vents will only increase and that those capitalists who have placed their money in the service of infantile, irrational, instinctive demands will continue to make money. The increasing organization of society forces man to an adult life of a higher degree than he can live, and neglects his childish demands.

Then, too, the great mass demonstrations in the realm of sport belong to the same form of libidinal release. A bit of the past, the Roman circus, is repeated in these phenomena, and we are reminded of the words of Juvenal: *Panem et circenses.* Cæsar grasped the social significance of the circus and developed it systematically. He saw in it a great chance for relief from the inner pressure into which the members of an overorganized society are forced.

It may seem that this excursion into the field of mass psychology has led us far away from our real problem. But I believe that the psychological investigation of the universal human discontent is really the central problem of criminal psychology as well as of the study of neurosis. Discontent is the expression of the tension between subjective needs and their outward possibilities of satisfaction. The psychoneurotic, a peaceful type of person, creates for himself in his symptoms, the psychotic, in his self-created world of phantasy, the compensation for actual satisfaction, and finds in this form, harmless to his fellow man, an escape from the inner pressure. The criminal—and this is just as true of the healthy as of the psychopathic criminal—rises forcibly against the inner discontent and goes into action. The increasing deeroticization and automatization of our mechanical civilization, by causing this damming of libido (discontent) increases the conditions for neurosis and for crime, unless at the same time new releases are found for the dammed-up libido.

In the conflict between subjective demands and the objective facts of the outer world the physician tends to try to change the instinctive life of man and so hasten his adjustment to the environment. At certain periods of civilization when the "discomfort of civilization" is not only the phe-

nomenon of the neurotic and the criminal but attacks even the individual capable of adjustment, the question seems justifiable whether it is always wise to hasten the adjustment. If it be no more than that a large number of people react to the new conditions of life with a loss of subjective happiness only, then the problem of science is changed from a therapeutic to a hygienic goal, that is, not men must be changed but the conditions of life.

I think that the most important social problem of future mental hygiene is conscious coöperation in that natural process of the self-cure of society that is seen in groping efforts to find libidinal outlets for the masses. Our highly organized civilization, which repeats in intensified form the problems of older civilizations, can replace the political insight of a Cæsar only by measures that rest on conscious, scientific views. Knowledge of human instincts and of libidinal economy is the only basis for scientific reform. Mental hygiene, in its effort to influence either the individual or social institutions, cannot do without psychoanalytical knowledge of the structure of the personality.

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THE WORK OF THE PSYCHOPATHIC HOSPITAL *

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IN the psychopathic hospital of to-day the efforts of the community to deal with mental disorders and many allied forms of human maladaptation find a focus. The end of the eighteenth century heard the emphatic words of Pinel and Tuke, heralding the end of centuries of neglect and brutality based on the superstitions of the Middle Ages. The nineteenth century saw the progressive organization of the humane care of the insane; before the end of it the care of the insane was accepted as an obvious duty of any civilized community, and the study of mental disorders was attaining general recognition as an integral part of any adequate medical curriculum. The twentieth century has seen the further development of the humane and scientific movement of the nineteenth. The problems have extended far beyond the asylum walls into the school, the home, the factory, the court room. In order that he may deal more efficiently with his special medical problems, the clinician is being freed from the heavy demands involved in the custodial care of enormous groups of patients, and the investigator begins to find at his disposal the same equipment and facilities that for some time have been available in the other fields of medical research.

The same movement that has led to the establishment of psychopathic hospitals and of psychopathic departments in general hospitals has also found expression in the increasing emphasis on the medical work in the large mental hospitals. The concentration of personnel and of equipment in special units makes possible the thorough study and treatment of the patient admitted to the large state hospital for mental disorders. Thus, in the reception wards and special services of many large hospitals for mental disorders, work similar to

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that of the psychopathic hospital, though more limited in scope, is carried on.

The psychopathic hospital, or the psychopathic department of a general hospital, adequately equipped with clinical and laboratory facilities, established on the same basis as a hospital or department devoted to any other medical specialty, is the visual embodiment of the modern attitude toward mental disorders; it brings this attitude home to layman and physician alike in the most direct and concrete way, eliminates the residuals of a medieval tradition, and promotes in the community a wholesome and rational attitude toward mental disorders. Thus an important lay sermon is in the very stones of the psychopathic hospital.

Special diseases demand special arrangements, special structure, special equipment, special personnel. The psychopathic hospital must have its own special features in virtue of its special task; the important point is that these special features shall be exclusively determined by rational and medical considerations, and shall not be the expression of undesirable attitudes and traditions.

In some places the psychopathic unit is in immediate contiguity with the other hospital units; under such circumstances it may be necessary to exclude patients of a certain type, whose disturbing noise cannot be adequately controlled by special structure (sound-proof rooms). Should it be considered inadvisable to limit the type of patient admitted to the psychopathic hospital, the latter must be at a reasonable distance from the other units; this separation, however, should be the response to a practical situation and not the expression of a special attitude toward one department of medical activity. The structure of the general hospital, the nature and extent of the land available for building, will in part determine the site of the psychopathic department. As the local position and external structure of the psychopathic department express one specialized activity of the hospital, without any invidious distinction, so one aims to reproduce inside the psychopathic hospital the familiar atmosphere of the general-hospital ward. This is no easy matter. It is a challenge to the architect and the interior decorator as well as to the physician and the nurse. The special needs of the

patients must be kept in mind, while any special structural features for the purpose of safeguarding patients should be as unobtrusive as possible.

It is not the aim of this communication to make a survey of the various psychopathic hospitals in the United States, or to compare them with kindred institutions in other countries, but rather to indicate in a general way the work done by a psychopathic hospital, the medical and medico-social needs served by it, the methods of dealing with concrete problems, the relation of the hospital to other organizations in the community. Each community has its own special arrangements, which have been determined by local needs, historical development, the direction of private benevolence, the relationship of state and municipality to medical school and to hospital, the influence of the views of dominant individuals. The variation that exists may be illustrated by the following data. In the Albany Hospital (Albany, New York), a municipal hospital, in 1902 a pavilion for mental cases was added to the already existing surgical, medical, and midwifery services; it is in close proximity to the general hospital and connected with the adjacent building by a corridor in the basement. The State Psychopathic Hospital at Ann Arbor, Michigan, opened in 1906, was the first psychopathic hospital established under university auspices. This hospital is a separate unit built on the grounds of the university hospital and is intimately associated in its work with the latter, which is under the direction of the state university; on the governing board of the State Psychopathic Hospital there are four members chosen from the boards of trustees of the state hospitals for mental disorders. The State Psychopathic Hospital is at the same time an integral part of the university medical school, and closely related to the state organization for dealing with mental disorders.

In Baltimore, Maryland, the Phipps Psychiatric Clinic, opened in 1913, built and endowed by the generosity of a private philanthropist, is a department of the Johns Hopkins Hospital, a university hospital endowed by private philanthropy and not supported by the state.

In New York City the new New York State Psychiatric Institute and Hospital (1929) is a state institute under the

control of the State Department of Mental Hygiene; it forms one of an imposing group of medical buildings of which the Columbia University-Presbyterian Hospital building is the dominant unit, and it will have close relations with the various units in the medical center. The chrysalis stage of this imposing new hospital was the Psychiatric Institute on Ward's Island, with its laboratories in a disused bakeshop and its clinical material in two wards which formed an integral part of the enormous state hospital on Ward's Island (Manhattan State Hospital, the average daily population of which in 1927 was 6,576 patients).

The Boston Psychopathic Hospital (Boston, Massachusetts) was built in 1912, with a capacity of one hundred beds. It was established "for the first care and observation of mental patients and the treatment of acute and curable mental diseases and for an out-patient department, treatment rooms, and laboratories for scientific research as to the nature, causes, and results of insanity". Although practically independent, it was at first from the administrative standpoint a part of the Boston State Hospital, a hospital for the insane with accommodation for 1,500 patients (in 1914), situated in the outskirts of Boston; in 1920 the Boston Psychopathic Hospital was made an independent unit under the State Department of Mental Diseases. While the Boston Psychopathic Hospital has its own special background and local conditions, the work done there is sufficiently comprehensive to give a fair picture of the part that is played by the psychopathic hospital in general in the life of a community. In other psychopathic hospitals the perspective will be somewhat different, each will have its own topics for special emphasis, but the general principles outlined in a review of the work of this hospital are more or less applicable to psychopathic hospitals in general.

The Boston Psychopathic Hospital is an independent building on a residential street with an exposure toward an open parkway. It is in close proximity to a variety of hospitals that are grouped around the Harvard Medical School; this proximity makes consultation an easy matter. The hospital is more especially intended for the reception of patients in the metropolitan district, but at the request of physicians

from any district in Massachusetts suitable patients may be admitted for study and treatment. The per capita cost in 1929 was $56.12 a week. Patients able to pay this reimbursing rate are expected to do so, while those who cannot pay this rate pay in proportion to their ability. No distinction with regard to accommodation or treatment is made on the basis of the financial standing of the patient.

THE PATIENTS OF A PSYCHOPATHIC HOSPITAL

The medical and social problems dealt with at a psychopathic hospital can be best illustrated by a review of the clinical material with which it deals. There are few restrictions on the admission of a patient to the Boston Psychopathic Hospital so long as the patient is a resident of Massachusetts living within the metropolitan area. Theoretically, cases of alcoholic intoxication and of delirium tremens are not admitted to the hospital; practically, the danger of overlooking some serious physical or mental condition that is masked by the intoxication or delirium is so great that any such case brought to the hospital is admitted in order that a satisfactory diagnosis be made. Patients over sixty are not admitted to the hospital in view of its limited accommodation and its inability to give up a bed for the prolonged care of an elderly patient who, owing to an intercurrent malady, cannot be transferred safely to another hospital. Patients with well-established mental disorders, where it is clear that a prolonged period of treatment in a mental hospital is desirable, are not admitted to the hospital if arrangements can be conveniently made for their direct admission to a state hospital or to a private sanitarium. Patients with conditions of organic dementia for whom custodial care without specific therapeutic measures is required are, when possible, referred directly to a more permanent place of treatment. On the other hand, those with organic conditions for which active treatment offers hope of improvement are admitted and may be treated over a comparatively long period. It is true that these are the general rules governing the admission of patients to the Psychopathic Hospital, but consideration for the patient, the family, and the family physician often lead to the admission of a patient who, as far

as the mental disorder is concerned, might as well go directly to a state hospital. The special rôle of a psychopathic hospital, its close affiliation with the general hospital, the absence of the large accumulation of chronic patients, makes it easier for a patient to accept the suggestion of admission to a psychopathic hospital than to that of admission to a large hospital for mental disorders. To send the patient to a large state hospital at an early stage of a mental disorder often seems to the family a rather drastic step. The family accepts more readily admission to a psychopathic hospital; should the patient have to go later to a state hospital for continued treatment, the relatives feel that the step has been taken after due consideration and a thorough diagnosis.

The patients who are admitted to the wards of a psychopathic hospital or who are examined and treated in the out-patient department may be roughly classified in the following five groups:

1. Patients with well-marked mental disorders (psychoses; "insanity").

2. Patients with less serious mental disorders, which are usually referred to euphemistically as "nervous" disorders; *e.g.*, cases presenting physical symptoms of hysterical origin, patients with morbid fears, scruples, obsessions, ill-defined invalidism (psychoneuroses).

3. Patients who have presented neither clean-cut mental disorders nor psychoneuroses, but who have shown in one way or another difficulty of adaptation over a long or short period and who, owing to their behavior or peculiar emotional reactions and attitudes at home or at work, are a source of difficulty and worry to others and obviously in need of help.

4. Patients with anomalies of behavior that are apt to be dealt with by the community in a rather routine way under other categories than that of sickness. In this group are included many cases of delinquency, sexual misbehavior, alcoholism, vagrancy, dependency, marital incompatibility.

5. Many children are brought to the out-patient department of a psychopathic hospital on account of nervous symptoms, school difficulties, disturbing behavior. In some cases the conduct of the child is so disturbing that the child may be admitted to the wards.

A more detailed review of these groups may give a clearer picture of the work of a psychopathic hospital. Such a hospital has to deal with many patients who come from the general hospital, for in many diseases mental symptoms may incidentally appear; thus in cases of heart disease, lung disease, pernicious anæmia, diabetes, cancer, infections of various origin, kidney disease, pellagra, lead-poisoning, in complications of childbirth and of surgical operations, mental symptoms not infrequently develop. The occurrence of mental symptoms in a patient is dealt with most efficiently and with the minimum of disturbance to the patient when the general hospital has an adequate psychopathic department. Mental symptoms simply add one factor to the clinical picture, and the situation is met by nurses and physicians in the light of the special needs of the patient. The nurses in charge of the patient will have had some experience in the psychopathic department. The interne or resident in the psychopathic department or the visiting psychiatrist will see the patient. The patient may be treated in the general ward or may be transferred temporarily to the psychopathic department, where his case may be followed by his own physician or surgeon. In a general hospital where there is no psychopathic department, and in special hospitals such as lying-in hospitals, the occurrence of mental symptoms in a patient may elicit a different reaction. The physicians and nurses may not look on the new symptoms as an additional medical problem of some interest, but may consider them as disturbing from the administrative standpoint. They may be very uneasy in face of symptoms in which they have little interest, but which seem to them full of unknown possibilities. If unfamiliar with the care of mental patients, they feel perplexed, and they may be further embarrassed by the absence of the necessary equipment for the care of the patient. The patient may be immediately transferred to a psychopathic hospital, thus interrupting the continuous observation by the experienced internist or surgeon. Where the psychiatric management of the patient is the essential problem, the transfer is of great advantage to the patient, and arrangements can be made for adequate consultation with the internist or surgeon. In some cases the mental symptoms are of very

brief duration; in other cases they represent the beginning of a serious mental disturbance, which may require treatment over a very long period even when the physical disturbance has come to an end. The stage at which a patient is transferred from a general hospital to the psychopathic hospital depends on the interest and patience and insight of the personnel of the general hospital. In one hospital a patient may be tided over a transitory mental upset, while in another the patient may be transferred on the first appearance of mental symptoms. Where the psychopathic unit forms part of the general hospital and the transfer involves little strain on the patient, it may be a matter of minor concern whether the patient is looked after in the service where he is or is temporarily transferred to the psychopathic service. It is another matter when the transfer involves transportation for a considerable distance to an entirely different hospital, with the inevitable routine of admission and readjustment to the new environment. To cite illustrative cases, a man suffering from heart disease was transferred from a general hospital to the Boston Psychopathic Hospital on account of mental symptoms which subsided in a few days; a woman with high blood pressure and chronic kidney disease was similarly transferred on account of a delirium which lasted only three days; a man of sixty, after a cataract operation, was transferred on account of mental symptoms of equally brief duration; a woman after childbirth was transferred on account of mental symptoms which cleared up in the Psychopathic Hospital within forty-eight hours. When the internist and surgeon receive in the medical school a more adequate training in psychiatry, when the nurse finds psychiatric nursing an integral part of her curriculum, when hospital authorities accept responsibility for dealing in the best medical way with such episodes in the course of somatic disorders, many such cases will no longer be transferred to a psychopathic hospital, but will be treated in the hospital where the symptoms develop. In the general hospital, patients suffering from transitory mental symptoms secondary to chronic alcoholism are not uncommon, and where the treatment consists of isolation, restraint, large doses of sedative medicine, the mortality is greater than is necessary, while under special psychiatric

care in the psychopathic hospital the mortality is extremely low.

One advantage of the psychopathic hospital is that it encourages the systematic study of patients at a very early stage of the disorder. In all disorders early diagnosis and treatment is to be recommended and in the case of mental disorders there is a strong tendency to postpone for a long time the frank and systematic study of the case.

The patient might be willing to accept the suggestion of a thorough diagnostic study in a general hospital, but finds the general hospital not equipped or not inclined to undertake the review of the case; on the other hand, admission to a large mental hospital seems to the patient and his relatives a drastic step.

The patient in the early stage of his disorder can often be induced to enter a psychopathic hospital for a thorough review of his special attitudes and perplexing experiences, and on the basis of such a review it may be possible to outline a constructive plan of treatment. Even in cases of rather unfavorable appearance, this early contact with the patient holds out some hope of checking the progress of ominous symptoms and the crystallization of morbid attitudes. The psychopathic hospital may also be utilized by patients in an early stage of depression or of excitement and thus may prevent untoward events, for a mild depression may lead to suicide, and the early stage of an excitement may lead to disconcerting social, economic, and sexual behavior.

In addition to the patients who present well-marked mental disorders or psychoneuroses, in incipient or developed stages, there are many patients requiring study and treatment, whose symptoms and clinical history are not easy to pigeonhole; they present individual problems for the solution of which the physician must study carefully the personality of the patient and the varied experiences to which he has been exposed.

Many patients are referred to the psychopathic hospital by the court or by other social organizations. The number who are referred by the court and the conditions for which they are referred will depend upon the special organization of the court in different communities. One court may have a psy-

chiatrist available, another court may not. One judge may be sensitive to the complexities of human nature and to the forces underlying human behavior, while another judge may carry through his court work with his eye on the statutes and with little interest in psychological factors. The individual referred to the psychopathic hospital may have appeared in court on account of drunkenness, a sex offense, crime against property, disorderly behavior, crime against the person. The psychiatric study may reveal that the delinquent behavior was in the setting of a manic excitement, a schizophrenic or paranoic experience, an epileptic disturbance, a hysterical episode. In many cases the court wishes an opinion as to whether the individual is mentally defective.

Among the patients admitted to the Boston Psychopathic Hospital are numerous adolescent girls who, owing to wayward and difficult behavior, have had a period of residence in a training school, after which the attempt has been made to reëstablish them in the community life. Many of these girls, hampered by their inner conflicts and by the memories of their earlier life, have difficulty in settling down in a satisfactory way. Their difficulty may show itself in unhappiness and sulkiness, in disturbing episodes of insubordination, or in the sudden abandonment of the situation chosen for them and in running away to seek their fortunes elsewhere. One of the special difficulties in the adaptation of these girls is in their management of the sex instinct; their sex craving may express itself in a tendency to promiscuous relations or in more limited attachments with a certain romantic value, or in phantasies which sometimes lead to accusations of assault brought against members of the household.

There is no more important task for the psychopathic hospital than to deal adequately with the problems presented by the children who are brought there for advice. Here is the opportunity for doing preventive work in the individual case and for making accurate studies of the environmental and educational factors that mold the personality and that sensitize or immunize the individual to the serious tests of life. The great majority of the children are seen in the out-patient department, and only a small proportion are admitted to the

wards for study and treatment when their condition is sufficiently serious to justify this procedure.

In a fully equipped psychopathic hospital special services should be reserved for children. Children can be detained for special observation and treatment for an adequate time only if one has the necessary equipment and personnel to give them a reasonable program during that period, with suitable rooms for occupation and for play.

In the out-patient department children are brought for advice on account of their difficulties in learning at school, on account of disorders of behavior, or on account of nervous symptoms and habits. In all cases careful examination of the physical health of the child must be made, as nervous habits, difficulty in learning, disturbing behavior, may be due to underlying somatic ailments. The nervous habits or behavior that most often lead to the consultation are thumb-sucking, bed-wetting, special behavior with regard to the bladder and bowels, tantrums, capriciousness with regard to food, vomiting, night terrors, tics, stammering and other speech defects, oversensitiveness, shyness, running away from home or school, unusual interest in or experimenting with sexual activity, romancing, pilfering, cruelty. The review of an apparently minor symptom involves, not only the physical examination of the child, but an estimate of its instinctive and emotional endowment and of the various factors that make up the personality. It also includes a review of the personalities in close contact with the child, such as parents and teachers. Therefore, with those disorders of conduct which perplex the teacher and the parent and which sometimes lead directly or through the juvenile court to the psychopathic hospital, the analysis of the symptoms means the review of a rather complex situation, and the treatment involves much more than a simple medical procedure applied to an isolated child. This part of the work of the psychopathic hospital is not only of great importance in the light of preventive medicine, but has considerable social significance in its relation to home and school.

ADMINISTRATIVE CONDITIONS OF ADMISSION TO THE PSYCHOPATHIC HOSPITAL

A patient may require hospital care, and even be a danger to himself or to others, but be impervious to advice. It is important that there should be a simple procedure for obtaining the necessary authority for the compulsory admission of the patient when, owing to his mental disorder, he is not competent to give the necessary coöperation. In Massachusetts the superintendent of a mental hospital "may, when requested by a physician, or by a member of the board of health, a selectman, or a police officer of a town, by an agent of the institutions registration department of Boston, or by a member of the state police, receive and care for in such institutions as a patient, for a period not exceeding ten days, any person needing immediate care and treatment because of mental derangement other than delirium tremens or drunkenness".

The absence of an elastic provision of this nature may seriously limit the usefulness of a psychopathic hospital. Overemphasis on the necessity of safeguarding the legal rights of the subject leads to complicated procedures, which often interfere seriously with the right of the subject to have the earliest and most efficient treatment that contemporary medicine can supply.

STUDY, DIAGNOSIS, TREATMENT, AND DISPOSAL OF PATIENTS

The study of the individual patient includes (1) an examination of the various bodily functions, (2) an analysis of the personality with its constitutional and acquired traits, (3) a survey of the patient's environment with attention to domestic, occupational, and social factors.

As to the study of the various bodily functions, the same equipment as that of the general hospital is necessary for the study of metabolism, endocrine balance, gastro-intestinal changes, the composition of the blood and the cerebrospinal fluid, bacterial activity, etc. The study of the personality of the patient requires the evaluation of the original endowment, as indicated by the family history and the earliest reactions in infancy and childhood; it includes the experiences that have given the patient his scheme of values, the

early formation of habits, the sexual constitution, the rôle of phantasy, the dominant tendency to get satisfaction from external contacts or from internal resources, the intellectual endowment. In the study of the environmental situation the physician has to evaluate the satisfaction derived from the occupation, the home, the social group, from cultural opportunities.

In the study of the patient, the psychiatrist needs the cooperation of his colleagues. In studying the physical condition of his patients, he may request the opinion of the internist, the neurologist, or the surgeon. In analyzing the personality and the intellectual endowment, he may find it valuable to have certain investigations made in a standard way by the trained psychologist. In estimating the environmental situation, he may depend upon the trained social worker for making contact with the school, the home, and the workshop in order to get the necessary data.

The psychiatrist does not find it easy to sum up the results of his examination of a patient in diagnostic terms that are as clean-cut and definite as those that are used in other medical disciplines. In general medicine the diseases that can be formulated in terms of organic changes or of important causes are numerous. Where the cause is not definitely known, the clinical picture and the course of the disease have less variability and less individuality than is the case in the field of mental disorders. In the latter field a rigid systematization fails to do justice to the facts and needs of the individual case. For statistical purposes and for comparison of clinical material drawn from different sources at different periods, a certain uniformity of terminology is useful. A classification that is useful at one period, however, may be insufficiently flexible for the growing insight into the nature of the problems. It is unfortunate when statistical requirements give undue fixity or prestige to any classification and thus cramp the style of the physician, who is trying to do justice to the complexity of the facts in his formulation of the diagnosis.

In the psychopathic hospital the difficulty of diagnosis is felt more than in the large state hospitals, where comparatively few mild and transitory disorders of atypical nature

are seen and where, in the long course of the disorders, it is easier to discriminate between the fundamental and the more incidental symptoms. Terms suitable to severe disorders of function (*e.g.*, dementia praecox) may do an injustice to minor disorders of more transitory nature. The physician at the psychopathic hospital may, therefore, utilize the official classification in order to do justice to the statistical requirements of a uniform terminology, while at the same time for his own purpose he may formulate his opinion of the case in a somewhat different diagnostic idiom.

Where patients have been referred for diagnosis to the psychopathic hospital it is well to have the diagnosis expressed in terms that meet the needs of the person referring the case. A differential diagnosis, couched in technical psychiatric terms, may fail to meet the needs of a judge dealing with a specific court situation, of a teacher who has referred a child for advice, of a family welfare worker who has to rearrange a complicated family situation.

The admission of the patient to the psychopathic hospital is in itself an important part of the treatment, in so far as environmental stress, whether domestic, social, or occupational, has contributed to the sickness. The hospital environment is favorable as a new environment, in which the patient has no vested interests, and toward which he has no regular responsibilities. This freedom from the demands of the normal social contacts is like a splint on a limb, like rest for the heart, starvation for the stomach. Part of the price for the advantage of freedom from responsibility is paid by the inevitable accompaniments of hospital experience, occasional painful sights and sounds, contact with grief in various forms. This may not be so detrimental as relatives are wont to assume. A depressed patient may be less depressed by other patients in the same condition than by the feeling of painful contrast with the bright and cheerful people in the ordinary environment. Patients whose symptoms have been partly a dramatization of and overemphasis on their own desires may be sobered by the reality of life in a hospital and may give up their dramatization. The patient who has been hypersensitive over personal conflicts that seemed too delicate to be discussed finds that these matters are the familiar stuff

of life and the everyday concern of medical investigation. The psychopathic hospital is not beneficial merely as a refuge from the stresses of life; the atmosphere has a positive therapeutic influence due to the attitude of the medical and nursing personnel.

For those mental disorders that are incidental accompaniments of physical ailments the psychopathic hospital may be particularly useful in view of its special equipment (*e.g.*, continuous baths) and its greater toleration of abnormal behavior and of disturbing noise. For the majority of patients there is no necessity for prolonged bedside care; the problem is that of dealing with abnormal behavior and morbid attitudes. This involves the encouragement and stimulation of the depressed, the preoccupied, the hostile; the sympathetic listening to the patient who is willing to unburden himself; the retraining of the untidy in normal habits with regard to food and personal care; the guidance of surplus energy into useful outlets, instead of merely thwarting it; the special treatment of conditions of excitement by personal influence, by baths or packs, or by isolation if necessary. The nursing personnel can at the same time contribute much of value by the accurate observation of the patient, especially when the nurse is made aware of the main issues in the individual case.

The patient in the psychopathic hospital with an acute or enfeebling disorder requires rest and treatment in bed. Such patients when able to be up and about, and other physically robust patients who do not require such a preliminary period of bed treatment, must have some daily program. A day spent in complete idleness is pernicious. Even in the general hospital with cardiopathic, nephritic, pulmonary, orthopedic, and other cases, it is important to keep alive that interest in productive work which is an essential component in a healthy attitude towards life. In the general hospital many patients during a prolonged period of sickness develop a relaxation of moral fiber that makes resumption of work difficult. Work is still more necessary for the patient in the psychopathic hospital, with his tendency to indulge in morbid preoccupations; the challenge of a concrete job tends to hold the interest of the patient and to leave less energy for idle daydreams

of undesirable nature. Idleness with consequent boredom increases depression, suspicion, and irritation. Exuberant energy that finds no outlet in some useful occupation is apt to find an outlet in disturbing and destructive activity. An occupational program for the patient brings home to him the therapeutic interest of the personnel of the hospital; it challenges him to some simple concrete activity in the real world, producing a product that is open to objective control, a product that may have some relationship to the needs of the group. A simple product of his craftsmanship emphasizes the fact that occupation is not a mere pastime, but the acceptance of a social responsibility. The presence of a group of patients working together has suggestive value. The method with which the patient attacks his job may be of some diagnostic importance. For some patients the occupational department offers an opportunity for vocational guidance that may play a part in the resumption by the patient of his life outside.

It may be felt that where many patients spend only a brief period in the psychopathic hospital, an occupational department is not necessary. On the contrary it seems important to have the patient realize from his first contact with psychiatric activity that there is an atmosphere of active therapeutics and that he has responsibility for taking his share in certain concrete demands made upon him.

The duration of stay of the patient in the psychopathic hospital depends on the nature of the case and on the practical issues to be decided. Where an individual has been referred to the psychopathic hospital by the court for diagnosis, sufficient time is requested for an adequate study of the patient and of the situation; on completion of the study the patient returns to court, unless his condition is such as to require hospital treatment. Where there is no extraneous complication, such as that of a court charge, the plan of treatment will depend on whether hospital treatment is necessary and whether the facilities of the psychopathic hospital are specially suited for the needs of the individual patient. The extent to which a psychopathic hospital serves as a clearing-house for mental cases depends upon a variety of factors, such as its

relationship to municipality or state, and the general organization of the hospitals in the community.

THE PSYCHOPATHIC HOSPITAL AS A CENTER OF RESEARCH AND TEACHING

The psychopathic hospital has an important part to perform in the general health service of a community. It has the no less important task of carrying on investigative work in this special field of medicine. Facilities for the work are still strikingly disproportionate to the importance of the field; while millions have been perforce expended in custodial care, no adequate financial support has been available for research. It seems axiomatic that there should be the same facilities for research in the psychopathic hospital as in the general hospital and in the hospitals devoted to the other specialties. The problems that call for investigation touch the detailed anatomy and physiology of the central nervous system and of the systems that regulate the instinctive and emotional life of the individual; they involve the detailed analysis of the psychological functions that make up the total personality; they are concerned with many points in the symptomatology, the course, the outcome, of various disorders; they touch topics of a fundamental nature in relation to the adaptation of the individual to the environment—to the parent, the home, the school, the social group, the occupation; they deal with many of the factors that determine the personal value of the individual and the cultural value of the community.

Another function of the psychopathic hospital is that of a teaching center. It offers unusual facilities not only for training specialists, but for training the general practitioner to treat the patient as well as the disease; in its varied material the medical student has an opportunity to study the same types of patient that he will meet later in his general practice or in his surgical or medical specialty, as well as patients with more pronounced disorders of the personality.

In the psychopathic hospital, and even better in the psychopathic department of a general hospital, with the easy transfer of patients from one department to another, the student learns that an honest and thorough medical examination includes attention to the personality and the life situation of

the patient. The most impressive part of his teaching may be in the general medical and surgical wards, when he finds that in patients with the familiar surgical or medical complaints the physician or surgeon is as prompt to ask for the psychiatric data as for a radiogram, an electrocardiogram, the basal metabolism rate, or the non-protein nitrogen of the blood.

The psychopathic hospital of considerable size, detached from the general hospital, offers some advantages, such as greater possibilities of suitable classification of patients, greater scope for occupational therapy, but the psychopathic unit of the general hospital promotes to a greater degree the acceptance of attention to the patient's personality and situation as a familiar and routine factor in good medical and surgical work.

The psychopathic hospital or department is of value in the training not only of medical students, but also of psychologists and social workers.

SUMMARY

The psychopathic hospital or the psychopathic department of the general hospital places the treatment of mental disorders on the same objective and rational basis as that of the ordinary surgical and medical diseases.

The presence of such a structural unit, with the same status as the unit for any other special disorder, has a wholesome influence on the attitude of the community with regard to mental disorders.

The psychopathic hospital serves as a center for diagnosis and treatment, coöperates with general and special hospitals, offers consultation facilities to many social organizations.

The psychopathic hospital is a center for research in mental disorders and offers the medical student suitable opportunities for training in this special aspect of medical work.

THE IMPORTANCE OF SOCIAL RELATIONSHIPS IN THE DEVELOPMENT OF THE PERSONALITY AND CHARACTER OF THE ADOLESCENT *

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USUALLY, in discussing such topics as "The Importance of Social Relationships in the Development of the Personality and Character of the Adolescent", we discuss the effect of the personality of parents and of teachers upon the personality of the adolescent, or the effect of the movies, of play, and of other community forces with which the adolescent comes in contact. Such discussion has practical value. It is at this point that we are working, and a paper might well be written that would summarize our experience and be helpful in our day-by-day clinic work.

However, I do not wish to discuss the topic at this point. I suggest that while we work at this point, we think beyond it. It is our impression from our work that these things I have mentioned have very great influence upon the life of the developing child. It is more than an impression. We have seen children building into their character and personality defenses against certain environmental influences; we have seen these change with a change of influence; we have considerable knowledge of the forces at work and of how they work, and are able in part to manipulate these forces in bringing about what we believe to be a healthier, more serviceable (both for the child and the group), more social, and yet at the same time more individual development on the part of the child. Development of knowledge, facility, and technique at this point is of the greatest importance, if for no other reason than that it is a point at which we can attack

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and with some success cut into the vicious circle of events that continue to produce and reproduce results long recognized as undesirable. We are, after all, not in a position to create a world *de novo,* but must work in the midst of life itself and of social situations. What is immediately important and practicable is determined, therefore, by what can actually be done, the various factors being what they are. Working on the basis that certain forces, personal and community, have an effect upon the development of the character and personality of the individual is important and practicable, for these things do have an influence, but the point I wish to make here is that perhaps after all, either for good or for bad, they do not have quite the influence we think, or, at least, that they should not and need not have quite the influence that they now do have.

My point is that really the life of the individual, in a very fundamental sense, is lived within himself; that nothing can hurt the individual from outside, or, for that matter, help him; that the only person who can hurt, or help, any individual is himself; that an individual for his hurt or help can respond only to those things to which he is capable of responding by reason of his own psychic economy.

An individual starts with a certain hereditary potentiality. Wrapped up in these potentialities are certain needs. Things happen to the individual in the very early days of his life, and needs and experience become formulated into problems. Problems seek solutions, but the solutions must be found in the midst of a constantly changing situation with experience piled upon experience. Later, when we come to study the individual in the clinic, the situation has become complicated, for we have to consider not only the original needs of the individual, but what has happened to these in the course of events—the solutions of problems the individual has attempted, the course of failure, partial success, and success, the defenses he has built up against outside forces, their failure, and results, or degree of success, and—more confusing than all and certainly of great importance—the counter-reactions of the individual against himself, the defenses he has built up against the forces within himself.

The crux of the situation lies somewhere in this period

of rapid development; here outer forces are at work in an effective way; here is forged the possibility of response.

With this as a working hypothesis, we are led, then, to consider the possible significance of evil and good, in the lives both of individuals and of the group. In our attitude at present we tend to personify evil, and come to consider evils as things that exist in the world apart from men, things against which men must contend and protect themselves. We speak of men being "tempted". We think of boys and girls being "led astray" in one direction or another. But these things that exist in the world which we call evil are not Things that have been put into the world; they do not exist apart. They are nothing more than the expressions of needs of men themselves. They are the things that men themselves have created, and continue to create and to accept or decline in accordance with the needs within themselves.

Acts of cruelty and acts of kindness, war, pacifism, sadistic literature, masochistic literature, sentimental literature, homosexuality, prostitution, pornography, burlesque shows, poetry, music, dancing, drama of various kind and content, ruthless domination in the home, in the school, in industry, smutty jokes, charity, devotion, purity, lovingkindness, turning the cheek, love, hate, jealousy—none of these are things that exist apart in the world, good things on the one hand, bad things on the other. All are in the world because man needs them. They have been created by him and he has created and continues to create them in order to satisfy needs which he has found and still finds within himself.

In a sense, these things are emotional food which men have and do prepare for themselves. The table is spread, and the individual takes or leaves in accordance with his needs, in so far as he can find what meets his needs. If unable to find it, he creates anew, he makes substitutions, or he invests objects with suitable symbols and utilizes these.

Qualities of goodness or badness are injected into these things by men on the basis of social result. We look toward the time when what is socially good or socially bad can be determined with some degree of objectivity. But that time is not yet. The determination of social results as good or bad is not upon a basis that can give any degree of confidence,

for these determinations now express not so much what is necessarily socially good or bad as the needs of the individuals who make the determinations, elaborate them into rules of conduct, promulgate them and contend for them. The very rules themselves, and their method of preparation, therefore, must be classed for the present along with the other things that men have created in order to satisfy certain needs, things whose values lie not in themselves, but in the reason of their creation.

Our present social method, determined by the way in which we have looked at things, considering evils as something apart from men themselves, antagonists of men against which we must protect ourselves or from which we must protect our children, has led to certain forms of social activity in the attempt to suppress certain things and to encourage other things. Of course, what we denounce and what we approve changes from time to time, as Dell has shown so ably in his book, *Love in the Machine Age*, but the process remains the same.

I question whether as time goes on we shall occupy ourselves so much in fighting evils or in protecting individuals from temptations. These things cannot touch an individual except as he needs them. The crux of the whole matter is not in the Thing, but in the need. Good or bad, what precisely is the need and why?

What the individual needs he will find, if not directly, then indirectly, and attempting to deny him by treating the Thing as undesirable gets us nowhere. It is the need and the manner of its development that may be said to be undesirable and to require attention. Efforts to discover the forces and the manner of their working that create needs which may be considered undesirable, and conversely those that create needs that produce socially desirable conduct, are indicated in an approach toward the time when these forces may be so directed in the development of an individual that with the coming of adulthood his choice of good will be not only possible, but so natural as to leave nothing else conceivable; whereas "evil" will leave him untouched, though it rub his skirts many times daily.

I can see no other way by which social progress, in anything

but a most superficial sense, can come—not through the keeping away of temptation, but through the creating of men and women for whom these things can have no meaning. In a partial, but all too limited way such a situation exists even to-day. Individuals specialize in evils and goods. Certain "evils" have no meaning for many people. They are passed by without effort. They simply lack significance for the particular individual. They represent no need that he finds within himself. He could be surrounded by them twenty-four hours a day, but they would still lack interest and significance. On the other hand, we are all aware that there are "evils" with which we do not have to be surrounded, but which we seek because they do have a significance for us.

There is an analogy, not complete and not wholly good, but at least suggestive in the developing of the point I am trying to make. It is to be found in the field of preventive medicine. While endeavors are made to get rid of harmful bacteria, the great modern effort in protecting the child from bacterial diseases is in the immunization of the child against possible contacts with typhoid fever, diphtheria, scarlet fever, and the like. If we can successfully immunize the child against these things, then their existence in the world does not greatly matter. The individual is left untouched. But more—although by this method we attack the bacteria only indirectly, we have, after all, attacked most directly and effectively. For as the human soil upon which they can thrive grows less, then they themselves must tend to drop out of the world for lack of sufficient material to keep them alive.

So, if we may carry over the word and the concept, what we need is to immunize the child, not through preachment, but through seeing that the needs that have forced other men to create things that would seem to be socially undesirable do not exist within him. Then these things may tend to disappear, not because our righteous campaigns against them have succeeded, but because they no longer answer to the needs of men.

We return to our day-to-day work. We work at the level of events that is now possible for us. There is nothing in what I have said of immediate value. It is merely a way of looking at things, of thinking about things. But as we return

in our practical work to the point at which we can work, it seems to me we might well have these things in mind. We can at least think in this direction, and our researches can more and more come to be along these lines. I repeat: The crux of the matter lies not in the Thing, but in the need. Good or bad, what precisely is the need and why? How has it come about and what can we learn to do with it at the level of its development?

SOME OBSERVATIONS ON THE REQUIREMENTS IN A STATE PROGRAM FOR THE CARE OF THE MENTALLY DEFICIENT *

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THIS is the second time that your association has honored me by making me your president. That you have permitted me to serve you in this position at this, the time of the meeting of the First International Congress on Mental Hygiene, is an honor that I greatly appreciate.

In reviewing the literature of this organization, as set forth in the proceedings of the annual meetings, and particularly in the addresses of the presidents, I find the history of the movement in the interests of the mentally deficient thoroughly recorded. The inadequacies of the methods employed to meet the problem are carefully pointed out from time to time, with recommendations and suggestions for improvements.

During the early years of this organization, the few devoted men and women interested in the work confined their efforts largely to the restricted, although important, field of providing institutional care for the mentally deficient. The work of persuading grudging legislatures to make appropriations for the institutional care of the mentally deficient in those days was not a popular one. As compared with the present, the states were much poorer and the people were, proportionately, more heavily taxed. It was a difficult task to convince legislators that it was their duty to devote a part of the public money to the care of these so-called "harmless" children. That these pioneers were successful in their pleas for those who could not speak for themselves is amply proven by the fact that almost every state in the Union has made

* Presidential address delivered at the Fifty-fourth Annual Meeting of the American Association for the Study of the Feebleminded, Washington, D. C., May 5, 1930.

some form of institutional provision for the care of the mentally deficient. The entire country is now committed to state care of the mentally deficient. The cause is so appealing from a humanitarian point of view and so worth while from an economic standpoint, that the state never abandons this work once it is begun, but gradually extends it.

Our annual meeting is an appropriate time to take account of stock and to observe the progress that has been made during the last year. To the casual observer, it may seem that the work has progressed as during preceding years, but events of unusual importance have taken place.

In the various states moderate provision has been made for increased institutional care. The public schools have advanced the work by increasing the number of special classes for the education of retarded children. The number of girls and boys who have been trained by the state schools and placed in the community as self-supporting members of society has increased. Further knowledge has been added to the subject of mental deficiency by the valuable literature contributed throughout the year. A review of these important features in detail would prove interesting, profitable, and highly satisfactory, but it is not my intention at this time more than to call attention to them in passing. Planted by the pioneers in this movement was the leaven which has, during many years, been stirring quietly, but deeply, with accumulating effect, and which has finally culminated, this last twelve months, in three epoch-making events which are bound to be of world-wide importance in their influence on the problem of mental deficiency. These are: (1) the report of the British Mental Deficiency Committee, (2) the White House Conference on Child Health and Protection, and (3) the meeting of the First International Congress on Mental Hygiene.

Dr. Lewis, the medical investigator of the British Mental Deficiency Committee, in closing his report makes such a logical plea for the proper training and supervision of the higher grade of mental defectives that I take this opportunity to quote his concluding remarks:

> "Our experience in the course of the present investigation confirms us in the view shared by many workers in this field, that it is the lack of proper training and the failure to secure suitable occupation which give rise to the antisocial behavior of large numbers of the higher grade

defective adults. For this group of defectives, the most potent socializing factors are education of a practical nature during youth and adolescence, and constant employment later. In this sphere, as in all others that concern the mental welfare of the community, much depends upon the training and education the children receive during their school years. The results already achieved by the practical training given in many of the Day Special Schools of our large towns prove that much can be done to insure that the stable feebleminded children become useful members of the general community. A great deal of the valuable work done by these schools, however, would have been wasted were it not for the efficient after-care work, the timely help and guidance of social workers that have prevented many of this group becoming social failures. Where the after-care work has been well organized, the records of adults who are old pupils of the Day Special Schools are most encouraging.''

The White House Conference on Child Health and Protection has one section devoted to the physically and mentally handicapped. Within this section there is a subcommittee whose efforts are devoted exclusively to the study of the problem of mental deficiency. It is to be hoped that the deliberations of this committee will be effective in bringing about a more thorough understanding of the problem of mental deficiency by the general public, and that this may lead to the extension of educational methods in care and training until all mentally defective children in this country receive the proper care, education, and supervision.

The influence of these inquiries conducted by two countries into the status of mental deficiency, together with the deliberations of the International Congress on Mental Hygiene, in which mental deficiency is one of the important subjects under consideration, make the year 1930 a milestone in the progress of the work for the feebleminded.

With the rapid advance of interest in community care and education of the mentally deficient, the importance of institutional care must not be permitted to lapse into a position of secondary importance. The institutional side of the problem is the rock and sheet anchor upon which so large a part of the work rests that it should occupy an advanced position in every state. The public spirit and social level of a community can be determined with a fair degree of accuracy by the character of its public institutions. The communities that are making the most adequate and modern medical hospital provision for the care of their acutely and chronically sick

are those that are thoroughly alive to community medicine and are providing public clinics, public-health officers, district nurses, school nurses, and school physicians and, in fact, are making provision for the maintenance of good health among the people. The communities that have made the most adequate hospital provision for the mentally ill are the ones that are making the richest provision for community care of the mentally ill in the establishment of mental clinics, social-service supervision, and educational courses in mental hygiene. In the field of mental deficiency also we find that the communities that have made the most adequate and modern institutional provision for mentally deficient children are the ones that have made the largest community provision in the establishment of special classes in the public schools, in the establishment of clinics for the examination of mentally retarded children, in the organization of parole systems in connection with the institutions, in social-service supervision of mental defectives in the community, and in enlisting the interest of the various social agencies in the welfare of the mentally deficient.

The more active community care becomes, the greater will be the demand for institutional care. Community care is attractive to the ordinary citizen and to legislatures because of the immediate economic appeal, and unless the necessity of institutional work is emphasized, its relative importance is likely to become obscured. The more active community care becomes, the more children will be discovered who require institutional care; hence the necessity of maintaining a balance by making adequate institutional provision.

In discussing the institutional side of the work, it is not necessary to emphasize unduly the custodial features of our institutions. The average citizen willingly concedes that the proper place to care for the low-grade mental defective is in the institution. It is well, however, to call more and more attention to the educational opportunities afforded by our institutions. It is important to build up the thought in the community that the public is providing education for its children on all mental levels: for the great mass of the children, education is being provided by the public schools; for

those requiring special education on the higher mental level, it is being provided by the colleges and universities; and for those on the lowest mental levels, it is being furnished by our institutional schools. It is not expected that the children on the lowest mental levels will make as great a contribution to society as those occupying the middle and higher mental levels, but many of these children on the low mental level can be trained to support themselves in the community and make a contribution to society in the work they perform. Many others who cannot be prepared to live successfully in the community are being trained to live successfully in the institutions, where they also make their contribution to society by assisting in the care of those who cannot care for themselves. The cost of maintenance in our institutional schools is materially reduced by the useful work performed by the pupils.

There are many thousands of the feebleminded now living in the community for whom institutional care should be provided. They should have the privilege of receiving the training the institution gives and the opportunity of contributing toward their own support by the work they could perform, if properly trained.

It is costing the community, directly and indirectly, much more to have the mentally defective who require institutional care live in the community than it would cost to maintain them in the institution. In sections of our country where the care of the feebleminded is most advanced, not more than one-tenth of the mental defectives are receiving institutional care. It is probable that if institutional provision were increased to accommodate one-fifth of them, the institutional side of the field would be fairly well covered.

The institutional schools should be considered as an integral part of the educational system, organized to do a specialized piece of educational work. (In connection with this work, it would be well to drop forever from the social vocabulary the term "institution", "inmate", and "patient", and, instead, to use the terms "school" and "pupil".) It is a waste of time and money for the public schools to attempt the education of many children who are on mental levels below the moron group. A few of the higher-grade inbeciles,

who are emotionally stable, can profit by special-class instruction and may be able to adjust successfully in the community without residence in an institution.

The work in an institutional school for the feebleminded should be the training and education of children on the lowest mental levels, and of children on the moron level for whom special classes are not available or who are deficient in social adaptation. It should provide custodial care for low-grade adults and for high-grade adults who cannot be socially adjusted. This class, however, should be relatively small, providing that children who are acquiring antisocial habits are recognized and sent, at an early age, to an institutional school where they can receive twenty-four-hour-a-day supervision. It is important that young mentally defective children who are forming antisocial habits be placed in an institutional school before those habits become deeply entrenched. Unfortunately, too many children are now being sent to our institutional schools when they are nearing the limit of their school age and when antisocial habits have been so thoroughly formed that many of them require long custodial care, some for indefinite periods and some permanently.

In considering the relative social importance of mental defectives, it is convenient to divide them into two groups—the low grades and the high grades, or idiots, imbeciles, and morons. The low grade, from an economic and social point of view, do not constitute nearly so great a problem as the high grade. They are not nearly so numerous. Many of them die in infancy. Their importance eugenically is comparatively insignificant. Marriage among them is the exception rather than the rule. A larger percentage of accidental mental defect is found in this group. Their profound and unmistakable defect insures for them the maximum amount of supervision. The method of their care is not a matter of controversy, for enlightened communities willingly concede that institutional care is the kind that best meets their needs. In the community these children are lonely, but in the institution they are happy, for here they have the companionship that they so much crave. Furthermore, a thing not to be lost sight of is the fact that when these children are placed under institutional care, the families, relieved of the heavy emotional

strain under which they have labored, are frequently better able to adjust economically and socially.

Dr. Fernald, many years ago, when speaking of the urgent necessity for an extension of public-school classes, said: "We should first know the extent of the problem and then deal with it." All children, except the lowest grades, pass over the school threshold. Hence, the time to discover these children is when they first enter school, and the time to prepare them for usefulness is during their school years.

We should not concern ourselves overmuch with adult mental defectives; they will die off sooner than the children. Those who, as adults, are giving trouble in the community are not hopeful problems with which to deal. They are as so much water that has already gone over the dam, and further downstream are giving a considerable amount of work to the various duly organized societies for the prevention of cruelty to children, district courts, probation officers, jails, and reformatories.

In order to deal most effectively with the problem of mental deficiency, a uniform program should be adopted by every state in the nation. Almost every state now has some sort of a program for dealing with mental deficiency. But why not have a uniform program applicable to every state? It is not to be expected that every state will have the necessary administrative machinery and personnel, so that at any one time all states will have progressed to the same point in operating the program. A uniform program adopted by every state, however, would carry weight and in itself be a factor that could be used to great advantage in placing the needs of the mentally deficient before legislatures and the intelligent public. The uniform program, in order to be effective, should not be too wordy or involved in phraseology. Briefly, it should include proper methods of determining what children are mentally defective, what their needs are, and how best to meet them.

Inasmuch as compulsory school attendance obtains in every state throughout the country, and as there is a close relationship between the mental development of children and school performance, and, furthermore, as the school is the place where the child makes his first social adventure independent

of the home, it surely is the logical place to take cognizance of any variation from the normal by means of a thorough inquiry into the child's mental condition. When it is determined that a child is mentally defective, a record of this finding should be registered with the proper state authorities. This, in his later life, may prove to be of value to him as well as to the interested community. When an individual is having difficulty in adjusting in the community, if it is known that, as a child, he was mentally deficient, it will be much easier to exercise the necessary supervision, and if this does not meet his needs, to have him committed to an institution.

In educating mental defectives, academic training, hand training, and social training should be well correlated and emphasized in accordance with the needs presented by the individual child. It will be noticed that hand training is bolstered on one side by academic training and on the other side by social training. Hand training is of great importance because a child who is retarded mentally to the extent of being classified in the mentally defective group will never be able to earn a livelihood by any other means than by the use of his hands. However, while giving this hand training, the importance of academic work should not be minimized. The child should have academic work to the extent indicated by his mental level, because he has a right to it. His academic education up to his mental level enables him to enjoy life more and to conduct himself on a higher plane. Academic training should not be attempted above his mental ability—in the first place, because he cannot absorb it; in the second place, because it is likely to confuse and embarrass him and make him unhappy. This is likely to induce in him antisocial traits. In the third place, it is a waste of effort and money to attempt to train the mentally deficient academically above their mental levels. The social training is more important than either or both of the others because the individual who has acquired both academic training and hand training and has not gained social adaptation is sure to fail. If, on the contrary, he is properly adjusted socially, he will probably, without academic training or hand training, be able, after his school life, to acquire sufficient skill in hand work to support

himself. Therefore, it is extremely important that the social training of mentally defective children be emphasized in every possible way. These children should be encouraged to take part in competitive games and play with normal children, for there are many mentally defective children who can compete in games on fairly equal terms with the normal. This will go a long way toward compensating for the sense of inferiority engendered by their not being able to compete with normal children in scholastic work.

Mentally defective children in the special classes of the public schools have too much time on their hands. They spend only from five to six hours a day under the supervision of the school. The remainder of the day they receive much of their social education on the streets or in the home, where, as is too often the case, the influence is such that the child is likely to become permanently handicapped in his social development. It costs a vast sum of money to educate mentally defective children academically and in the use of their hands. It seems but reasonable, viewed from the economic standpoint alone, that the soundness of this expenditure be insured by a further expenditure sufficient to provide suitable social education for these children. In other words, if it is profitable to train these children academically and in the use of their hands, it is surely worth while to train them socially so that they will be enabled to make proper use of their academic and industrial knowledge. This can be done by extending their school curriculum so that they will have something interesting to do during all of their waking hours. A sufficient number of teachers should be provided to place these children under intelligent supervision during the entire day. The playground should be an important factor in their development, and here they should be supervised and directed by teachers skilled in the art of play. Much time should be devoted to open-air activities. Large tracts of land should be made available for these children in connection with the schools, where they can plant, hoe, weed, and harvest crops. Their school buildings should be built on these tracts of land where all of these outdoor activities could be conveniently carried on. Busses should be provided for transporting them back and forth to these educational centers, just as is now being done

for school children in the rural and small-town districts. They should be made familiar with the various factories, stores, and places of industry in the communities in which they live, by frequent visits to these places under proper guidance. Schools should be maintained throughout the entire twelve months of the year for these children. During the summer months the curriculum could be arranged so that the children could profitably spend the greater part of the time outside of the school building. If society does not keep mentally deficient children busy in a constructive way during the whole of their school lives, they, in a destructive way, will keep society busy during their adult lives.

Under the state authority entrusted with the care of the mentally deficient, there should be organized a social-service department to deal in a comprehensive way with the mentally defective. The duties of this department should be confined to the supervision of individuals who have received training in the special classes or the institutional schools. Little success is to be hoped for in social service or community supervision of mental defectives who have not, as children, received special training. To this department should be reported all children about to graduate from the special classes and from the institutional schools. There should be organized in connection with this department an employment bureau to assist the graduates in securing work. The time of leaving school, securing work, and adjusting in industry is an exceedingly difficult period for normal boys and girls; for the mentally defective it is much more difficult and is a time when they need expert guidance and supervision. This supervision should be carried on by visits made to them in their homes and at their places of employment, and by assisting them in selecting their recreation. For those who cannot adjust in the community, the supervision should be sufficiently active to prevent them from becoming a menace to society. This department should have authority to commit to an institution if necessary.

It is important that each community, district, town, or city should be responsible, as far as possible, for the education, care, and supervision of its mental defectives. In order to obtain uniform and the best results, however, this work,

throughout the state, should be coördinated and directed by the central authority. This might well be accomplished by placing in each district a social worker to head the system of social service for supervising the mentally deficient. These workers should become familiar with the special classes and have charge of the social-service work relating to the pupils and their families while the children are under the supervision of the school. They should become actively identified with the community. They should know all of the employers of labor in their districts and familiarize them with the problem of mental deficiency, so that they may know how best to deal with mentally deficient employees.

After every known means have been employed to adjust the mentally deficient in the community, there will be a large residue still who can be cared for best in an institutional school. This group that requires segregation in an institution is so large that institutional care will always remain an important factor in the solution of the problem of mental deficiency. The institutions should not only provide custodial care and highly specialized education for their pupils, but should also become the centers to which the community looks for expert advice and guidance in the problem of mental deficiency. In this they should parallel the medical hospitals by being the centers in which experts gather and serve the community the better on account of knowledge gained from a wealth of available clinical material.

No program for dealing with the mentally deficient can be satisfactory until more is known of the problem. Such knowledge can be obtained only by the establishment of thorough, scientific, fact-finding research departments in connection with the work. Immense sums of money are being spent in educating and caring for the mentally defective, but, with one or two exceptions, nothing is being expended for scientific research in this subject. Hundreds of millions of dollars are spent annually for research in the industrial world. This investment must be profitable or hard-headed captains of industry would not appropriate such vast sums of money for use in this field. Millions of dollars are being expended annually in research in the field of physical diseases also, and

there are ample statistics to prove that the expenditure is well worth while.

That mental deficiency is a real and increasingly serious problem need not be called to the attention of this association. It is a situation that we all know by rote. May it not be possible, however, that in our familiarity with the problem, and in our efforts to apologize for the weaknesses of the mentally deficient and to extol their best traits, we have been inclined to accept unsatisfactory conditions rather stoically without making proper inquiry into them? Facing the problem of mental deficiency squarely and in as altruistic a manner as possible, we are compelled to admit that the sum total of mental deficiency is a terrific burden economically and socially for society to carry. Hence my plea for a nation-wide interest that will stimulate scientific research into the causes and prevention of mental deficiency. Briefly, then, the uniform program for dealing with the problem of mental deficiency that I present at this time is as follows: identification of the mentally defective, their registration, education, supervision, and segregation, and the establishment of scientific research into the causes and prevention of mental deficiency.

In outlining this program, I do not claim originality. It is but a recital, in the main, with some emphasis and amplification, of the program set forth some years ago by our beloved Dr. Fernald. Before any such program can become thoroughly effective, however, the community must be educated to the point where a general knowledge of the subject obtains. To this end, short courses in the subject of mental deficiency should be put into the curriculum of study of every medical school, law school, theological school, teachers' training school, school of social work, and nurses' training school, throughout the country.

DOES EXTROVERSION - INTROVERSION OFFER A CLUE FOR PROGNOSIS AND TREATMENT OF PROBLEM BOYS?

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AN impression is more or less current among psychiatrists and case-workers that there is a type of problem child whose interests tend to be centered outside himself, and that therapeutic efforts with this sort of child are more rewarding than with more shut-in personalities. Since no child-guidance agency can begin to handle all the cases that are brought to its attention, it would be most useful if this impression could be experimentally verified. Moreover, if clearly distinguished behavior patterns of extrovert and introvert types could be found, the results would be important for a methodology of treatment.

Time was, of course, when withdrawn and seclusive children were not regarded as problems. They made no trouble for the teacher, so why should they be so considered? A recent study[1] by E. K. Wickman indicates that teachers do not seem to have retreated very far from this ancient position. Mental-hygienists, however, have been quick to see the serious implications for social adjustment of introvertive types of behavior. Since Jung's delineation of the types, and their rather widespread acceptance by psychologists, mental-hygienists have seen the possibility of employing the type distinction to advantage. The theory is, apparently, that since the aim is social adjustment, those individuals whose interests are outwardly directed—no matter how antisocially to begin with—present a better prognosis than others whose major interests are directed inward, and who are hence less susceptible to treatment from the outside.

[1] *Children's Behavior and Teachers' Attitudes*, by E. K. Wickman. New York: The Commonwealth Fund, Division of Publications, 1928.

There has been more writing on the theory of extroversion-introversion than measuring of actual behaviors. Practically all such measures that have been made have been by means of ratings, either by the individual himself or others. It was thought worth the effort, therefore, to attempt some objective measurements of existing behaviors.

The writer proposed to observe and record, over a considerable period of time, behaviors of the sort supposed to be indicative of extroversion-introversion. As an experimental situation, a problem-boy camp, maintained in connection with the Child Guidance Clinic of Cleveland, Ohio, was used. During two camp periods in the summer of 1928, 51 boys were observed for five weeks. Most of the cases had been studied coöperatively by the clinic and one of the city agencies. Such a situation as this offered the advantages of ample supervision under natural conditions by competent observers. Counselors ate, played, and slept with the boys, and programs were so arranged as to leave considerable time for record-keeping.

The use of problem boys as subjects for this study had the further advantage that extremes of behavior were presented. Several of the cases showed extreme withdrawing types of behavior (introversion) while others presented exaggerated forms of hyperactivity or incorrigibility (extroversion). It should be easier to find type differences in these boys than in "normals", most of whom are conceded to be ambiverts, combining both types of behavior.

Two methods of objective measuring were attempted. Both were measures of specific behaviors (rather than traits) which might be considered to be introvert or extrovert responses to situations. In order to keep the study within reasonable bounds, nine traits were selected as being considered indicative of extroversion-introversion in most of the literature of the subject. Only such specific behaviors as were classifiable under these traits were measured. The nine traits (to mention only the extrovert half of the trait) were: volubility, talkativeness; seeking the limelight; large energy output; ascendancy; interest in environment; impetuousness; social forwardness; ease of distraction; preference for society of the group.

The first measure was a daily record blank in which was kept each boy's response to 26 situations. These were all situations known to occur with considerable frequency at the camp, and all were classifiable under one of the above traits. In each case the situation was stated first, and under it four possible responses (usually two considered introvert and two extrovert). A fresh blank was supplied each day. Instructions were to record only "specifically remembered incidents". Samples of the 26 situations follow:

Did he take the initiative in approaching or speaking to a stranger?
- Approached and spoke immediately.
- Talked readily after a short time.
- Spoke little except when spoken to.
- Could scarcely reply even when spoken to.

What was his attitude toward serving at the head of the table?
- Refused to serve when his turn came.
- Served only after urging.
- Took his turn without urging.
- Tried to serve when not his turn.

The second measure consisted in recording incidents as they occurred—any incidents that in the opinion of the experimenter were classifiable under one of the nine traits. These were later studied, some of them rejected as not being clearly so classifiable, and the remainder tabulated under several headings, for both introvert and extrovert behavior. There follows a sample analysis of the incidents collected under one of the traits.

	Percentage of incidents
Impetuousness	
Throwing things in rage	29
Crude or hasty construction or work	23
Carelessness in cooking or fire-building	17
Daring activity	14
Refusing to heed caution or warning	9
Taking chances in games	8
Caution	
Constructive activity requiring care	39
Marked fear or apprehensiveness	13
Cooking or building fire carefully	12
Grooming clothes or person	10
Taking pains with bed, dishes, cleaning	8
Hesitation before choosing	6
Saving or examining material carefully	5
Apprehension over ailments	4
Patiently waiting	3

Altogether, some 4,500 of these incidents were gathered, after elimination of those that could not be used.

Besides these more objective measures, ratings were secured on each of the 26 situations by each of seven men.

From these data answers to the following questions were sought:

I. Are responses to repeated situations of the same kind fairly consistently introvert or consistently extrovert?

II. Is there similarity of response (*i.e.*, either introvert or extrovert) to different situations classifiable under the same trait?

III. Does extrovert behavior by a given individual in respect to one trait usually indicate extrovert behavior for other traits?

Briefly summarized,[1] the following answers to these questions were found from the data:

I. Response to repeated occurrences of the same situation was found in most cases to vary between responses labeled introvert and those labeled extrovert. When a distribution was made of all responses to each situation, by all the boys, it was found that inconsistency (*i.e.*, responding to a given situation alternately in introvert and extrovert manner) rather than consistency (responding in introvert or extrovert manner, but not both) was the rule. The distribution took roughly the form of the normal distribution curve, with complete inconsistency at the mode and high consistency at the extremes.

II. Judging from the more objective measures described above (*i.e.*, not including the ratings) there was only a slight relationship among responses to various situations that may be considered to belong to a trait group. All the boys were found, in greater or less degree, to combine tendencies toward introvert behavior in one situation with tendencies toward extrovert behavior in another situation under the same trait.

This may be statistically stated as follows: the mean of 112 intercorrelations of behaviors—each correlation representing the relation between two behaviors within the same trait (intra-trait correlations)—was .141. The mean of 112

[1] For a full description of measures and their statistical treatment, see the author's *Consistency of Certain Introvert-Extrovert Behavior Patterns in Fifty-One Problem Boys.* (Teachers College Contributions to Education No. 382). New York: Teachers College, 1929.

random intercorrelations of behaviors, each representing the relation of two behaviors in different traits (inter-trait correlations) was .153—not a significant difference. Consistency of trait response thus appears to be practically nonexistent in these boys, as here measured.

Measured by the ratings, however, the results were quite different. The mean of the same 112 intercorrelations of intra-trait behaviors was .493, and for the same inter-trait correlations, .402. These coefficients, while not high, do show a definite relationship, and are in marked contrast to the results obtained from the objective observations. The above correlations are repeated in the accompanying table.

Means of Intercorrelations of Behaviors

	Daily records	Ratings
112 intra-trait correlations	.141 ± .12	.493 ± .09
112 inter-trait correlations	.153 ± .12	.402 ± .09

III. A similar difference may be observed between ratings and objective records regarding the relationship of traits. The mean of all the intercorrelations of the 9 traits, according to the daily records, was .374; according to the ratings, it was .613.

Now what accounts for this difference, and which of the above measures is to be accepted as the more valid? According to one of them, there is a fairly clear type distinction; from the other, no such type distinction may be deduced.

The following reasons are given to support the position that the lower relationship, as shown by the more objective records, is the more accurate:

1. A certain halo effect is inevitable in ratings obtained as these were. Five weeks' behavior was reviewed in a single hour. The other measures, on the contrary, were records of specific incidents, and were reported on the same day that they occurred.

2. At the same time that these ratings were made out, reports of the boys' behavior were written for the various agencies from which the boys had come. There is a strong tendency in these reports to emphasize one kind of behaviors, and to drop out entirely another kind (for which there is elsewhere recorded evidence)—apparently because the latter did not fit into the observer's mental picture of the boy.

This throws some light on the mental processes of the raters at the time the ratings were made.

3. Six of the 26 behaviors on which ratings were made were of situations in which no observer had seen any but five boys—those in his own tent group. Nevertheless, all were asked to give ratings for all the boys on these unobserved behaviors. Surprisingly enough, the ratings for the 20 situations that had been observed by all were no more uniform, and agreed no better with the daily record scores, than the ratings for the six unobserved situations for which ratings amounted to guesses. It is difficult to escape the implication that all the ratings, even for frequently observed behaviors, must have involved about as much guessing as did these six!

The writer ventures to suggest, therefore, that such type distinctions as were apparent from the ratings were due largely to logical habits of association in the minds of the raters, rather than to existing behaviors. One behavior connotes another, and those that do not fit into the picture tend to drop out, unless retained by some means of objective recording.

This raises the question whether the hypothesis of extroversion-introversion may not itself be based on such logical presuppositions. The type distinction, when first offered, was not based on an empirical study of associated behaviors. The lists of traits supposedly introvert were gathered more from the opinions of psychologists than from objective observations of behavior.[1] Verification of such traits as these has so far been chiefly by means of ratings, subject to the same logical presuppositions.

An examination of the behavior incidents recorded reveals the following reasons which may help to account for the failure to find these boys' behavior following logical classifications:

[1] Freyd, when he first presented his list of 54 traits characteristic of the introvert, says of it that it was "collected at times from several psychologists of standing, and from graduate students in psychology. . . . There is considerable agreement among the various contributors which would point to a popular recognition and identification of the types, were is not for the fact that these men had learned the types from the same literary sources." See "Introverts and Extroverts", by Max Freyd. *Psychological Review*, Vol. 31, January, 1924. p. 78.

1. Temporary changes of personality, such as sulks and rages.
2. The difference between first response to a new situation (camp) and later responses to accustomed situations.
3. Adjustment to firm and consistent discipline, frequently unknown before.
4. Variation in response to different individuals.
5. Changing stages of boys' social development, *e.g.*, from one year to the next.
6. Compensatory behavior.
7. The fact that a given drive may lead to very inconsistent behavior under slightly different circumstances.
8. Subtle differences of environment, internal and external.

With these forces making for inconsistency at work, alternations between responses labeled introvert and those labeled extrovert will probably be the rule rather than the exception. Indeed, the attempt to adapt therapeutic methods according to type distinctions is thus seen to be undesirable, since it would tend to obscure variations arising from subtle differences of environment, or from the peculiar motivations within the individual.

It would be scarcely justifiable to conclude from this study that a type distinction does not exist. Extroversion may exist and still not show itself in such clean-cut, consistent manner as it has here been supposed that it would. Under some circumstances rebellion against authority, for example, may be a true extrovert response in the Jungian sense of a direction of energy outward toward the object. Under other circumstances, submission to the same authority may be a mark of extroversion. To decide, however, whether or not, in a given set of circumstances, one or the other constitutes extroversion, involves a large subjective element. The conclusion that does seem justifiable, therefore, is that if introvert and extrovert types do exist, they do not show any distinction that is clearly measurable by such means of recording observed behavior as were used in this study. The question remains open whether or not a type distinction that so far is based almost entirely on subjective judgments is worthy of consideration for therapeutic purposes.

THE PREVALENCE OF MENTAL DISEASE AMONG JEWS

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THE purpose of this investigation is the ascertainment of the relative prevalence of mental disease among Jews and non-Jews. This seems so simple a problem that it is strange the answer was not given long ago. And yet confusion on the subject has been marked. Many students of the problem have, it is true, been quite certain that Jews show an excessive frequency of mental disorders, but others have maintained that Jews have less than their quota. Even the latter, however, have felt constrained to admit that in certain types of psychoses, at any rate, the Jews are out of proportion to their numbers in the general population.

Most of the statistical evidence on the subject has been marshaled by Dr. Maurice Fishberg in his book *The Jews; a Study of Race and Environment*,[1] and in his articles on nervous and mental diseases in the Jewish Encyclopedia. In the former[2] Dr. Fishberg wrote as follows: "Nearly all physicians who have practiced among the Jews agree that derangements of the nervous system are frequently met with among them. This impression has been largely gained by observing the intense worry and anxiety displayed by relatives and friends of patients in cases of even slight illness; and in cases of death among Jews, the profound impression made on all relatives, friends, and neighbors is hardly to be observed among other Europeans. Fits of hysterical crying and wailing are the rule and beyond control by reasonable interference." Again, "The Jews are more affected with the so-called functional nervous affections, especially neurasthenia and hysteria, and most of the physicians who have an extensive experience among the Jews testify that hysteria in the male is a characteristic privilege of the children of Irael."[3] Taking this

[1] New York: Charles Scribner's Sons, 1911.

[2] *The Jews*, p. 324.

[3] *The Jews*, p. 330.

for granted, as many other writers have done,[1] Dr. Fishberg then proceeds to account for these characteristics on the grounds of enforced urbanization, consanguineous marriages, and constant fear of persecution.

On the other hand, Dr. E. E. Southard was not quite so certain of the adequacy of the statistical evidence for the above conclusions. He wrote as follows: "There is some basis for the idea of a preponderance of psychoneurotics amongst Jews. But, inasmuch as the Jews have the excellent habit (from the mental-hygiene point of view) of very speedily resorting to physicians for their ills, the statistical preponderance of Jews . . . is perhaps deceptive. There may be as many Caucasians of different varieties that fall victims to psychoneuroses as there are Jews. It would be difficult to point out anything differential in the psychology of the Jew." [2]

The nature of much of the statistical evidence hitherto presented may be seen by reference to the following table prepared by Dr. Fishberg[3]:

Country	*Year*	*Insane to 10,000*		*Authority*
		Christians	Jews	
Prussia	1871	Cath. 8.84 Prot. 8.47	16.79	Preussische Statistik 1883, XXX, 137
Prussia	1880	Cath. 12.37 Prot. 24.2	38.9	
Berlin	1880	Cath. 14.0 Prot. 18.1	13.9	
Posen	1880	Cath. 13.8 Prot. 17.5	19.3	*Ibid.*, 1883, p. XLII
Silesia	1880	Cath. 19.3 Prot. 22.1	32.1	
Hanover	1880	Cath. 30.8 Prot. 29.2	62.9	
Hanover	1863	17.1	29.7	
Wurtemburg	1863	4.8	6.4	
Bavaria	1863	10.6	19.2	
Bavaria	1871	9.8	25.2	
Bavaria	1881	9.0	28.6	Buschan. Allg. Med. Central Zeitung, 1897, Nos. 9 *et seq.*
Bavaria	1883	16.9	31.5	
Bavaria	1884	17.0	37.3	
Bavaria	1885	16.4	27.19	
Denmark	1863	5.8	33.4	
Italy	1880	5.8	39.0	

[1] See *The Adjustment of the Jew to the American Environment*, by A. A. Brill, M.D. MENTAL HYGIENE, Vol. 2, April 1918. p. 219.

[2] *The Kingdom of Evils*, by E. E. Southard, M.D., and Mary C. Jarrett. New York: The Macmillan Company, 1922. p. 328.

[3] From the Jewish Encyclopedia, Vol. VI, p. 603.

From these statistics it would seem that Jews have from 1½ to 7 times as much insanity as non-Jews. The only exception occurred in Berlin in 1880, when the Jews had a rate of 13.9 per 10,000 compared with 14.0 for Catholics and 18.1 for Protestants. Additional statistics quoted by Fishberg[1] show that in 1881 the general population of Prussia had an admission rate of 29.7 per 100,000 population, whereas the Jews had a rate of 92.9. From 1881 to 1900 these rates increased steadily, reaching 68.3 among the general population and 163.1 among Jews in 1900.

On the other hand, we are informed that in Frankfurt the Jews constituted 6.8 per cent of the general population and 6.5 per cent of the asylum population during 1906–1907. In Leipsic the percentages were 1.5 and 1.3; in Berlin they were 4.8 and 3.4.[2]

It is difficult, however, to attach any real significance to such statistics. In the first place, they deal with hospital populations resident on a given date or with total admissions during a given period. Both standards have been shown to be inadequate measures of the prevalence of mental disease and have, therefore, been entirely abandoned in the United States in favor of a rate based upon first admissions only. In the second place, we may, in the absence of any critical evaluation of the data, view with some skepticism the completeness of the enumeration with respect to the categories of Jew and non-Jew. In the third place no account has been taken of such important factors in mental disease as differences in age and sex proportions.[3] And finally the process of combining all the insane into one category renders it impossible to discover the existence of important qualitative differences.

Certain writers have since attempted to study the problem by sampling small populations, but an accurate analysis of the prevalence of mental disorders cannot be based upon such a method. This is due to the fact that there are two elements involved—namely, the general population and the insane. Each of these is extremely sensitive to the errors in-

[1] *The Jews*, p. 388.

[2] *The Jews*, p. 339.

[3] On this point, see "Mental Disease Among Jews," by J. A. Goldberg and B. Malzberg, in the *Psychiatric Quarterly*, Vol. 2, April, 1928. pp. 196–7.

volved in sampling in general. In addition it is very improbable that the error will be of the same order in each element. In some cases the records of an individual institution have been utilized, but this, too, is inadequate, for the reason that there is very often a selection of the type of patient, resulting either from the method of admission or from the make-up of the population from which the cases are received. This criticism is applicable in even greater degree to statistics drawn from the practice of individual specialists. For these reasons it has seemed advisable to attack the problem *de novo*.

A statistical study of the prevalence of mental diseases should be based upon an actual count and a complete enumeration. In this study, therefore, we have gone directly to the experience of the state of New York. The Department of Mental Hygiene, formerly the State Hospital Commission, has kept a complete file of the first admissions to hospitals that treat mental disorders since 1909. These standardized schedules enable us to trace all the Jewish and non-Jewish first admissions to the state hospitals and licensed private institutions. For the purposes of the present study we have taken the first admissions from 1914 to 1929 inclusive. In view of the fact that the statistics include all the first admissions during this period and that no selection of any kind, other than that resulting from the mental condition itself, can be alleged, the data obviously furnish a very important contribution to the subject. A question may justly be raised with respect to the complete adequacy of the data. It is generally recognized that the rate of first admissions is the best available index of the prevalence of mental disease. But it is also known that the mentally disordered do not all go to the hospital. It is, therefore, highly probable that the ratio of first admissions with a given psychosis to all those with the same psychosis varies from one type of psychosis to another. For this reason it is conceivable that the first admissions among two groups may differ in the relative prevalence of types of psychosis, and consequently in the thoroughness of hospitalization. Such a possibility may be considered in connection with the psychoneuroses. It is questionable, however, whether any serious error of this type is involved in the

present study. But in any case it is impossible to measure such differences objectively without resorting to a thorough field survey of the population, a very remote possibility. Our measure of the prevalence of mental disorder will, therefore, be the rate of first admissions per 100,000 of the same population group.

Table I shows the first admissions to the New York Civil State Hospitals from 1914 to 1929 inclusive, classified according to sex and showing the Jews and non-Jews separately.

TABLE I. FIRST ADMISSIONS TO THE NEW YORK CIVIL STATE HOSPITALS, 1914–1929.

Year	*Jewish first admissions*			*Non-Jewish first admissions*		
	Males	Females	Total	Males	Females	Total
1914.....	336	323	659	3,002	2,604	5,606
1915.....	408	345	753	2,852	2,599	5,451
1916 (9 mo.)...	293	303	596	2,279	2,028	4,307
1917.....	398	402	800	3,207	2,870	6,077
1918.....	425	407	832	3,105	2,860	5,965
1919.....	413	384	797	3,114	2,880	5,994
1920.....	372	321	693	2,992	2,888	5,880
1921.....	413	377	790	3,252	2,897	6,149
1922.....	424	371	795	3,357	2,863	6,220
1923.....	380	368	748	3,243	2,909	6,152
1924.....	418	362	780	3,265	2,888	6,153
1925.....	388	430	818	3,476	3,141	6,617
1926.....	394	342	736	3,572	2,987	6,559
1927.....	419	386	805	3,945	3,178	7,123
1928.....	432	417	849	4,290	3,475	7,765
1929.....	394	396	790	4,332	3,428	7,760
Total	6,307	5,934	12,241	53,283	46,495	99,778

In the fifteen years and nine months included in the table, the Jewish first admissions totaled 12,241, of whom 6,307 were males and 5,934 females. The non-Jewish first admissions totaled 99,778, of whom 53,283 were males and 46,495 females. Among the Jews the ratio of males to females was 106.3 to 100. Among non-Jews the ratio was 114.6 males to 100 females.

From 1914 to 1929 there was a rising trend in the number of first admissions among both groups. Among the Jews, however, there were great fluctuations from year to year. Among the Jewish females it is, in fact, difficult to establish a trend at all. From 1920 on there has been a distinctly rising trend among the Jewish males. The non-Jews show a clearly rising trend, again more marked among the males. The non-Jewish females had an almost constant number of first ad-

missions from 1917 to 1924. Up to 1917 and since 1924 their number has increased.

Table IIA (page 932) classifies the first admissions by type of psychosis. The distribution is reduced to a per-cent basis in Table IIB (page 933).

Noteworthy differences are seen in several of the psychoses. In the senile psychoses, the percentages are 10.3 for non-Jews and 5.3 for Jews. In psychoses with cerebral arteriosclerosis the percentages are 9.1 and 4.3 for non-Jews and Jews respectively. In the alcoholic psychoses, the percentage among non-Jews again exceeds that among Jews, being 5.9 as compared with 0.4. In the manic-depressive psychoses and dementia praecox, the Jewish percentages exceed those among non-Jews. In the former they are 23.0 for Jews and 13.8 for non-Jews. In dementia praecox the percentages are 34.8 and 25.8 respectively. In general paralysis the percentages are practically identical. In the psychoneuroses and neuroses and in psychoses with psychopathic personality, the Jews have slightly larger percentages, the differences in each case being statistically significant. In general, the same order of differences is found in comparing the Jews and non-Jews by sex. In general paralysis, however, the percentage among Jewish males exceeds that among non-Jewish males, whereas the relationship is reversed among the females, though the differences are not statistically significant.

Among the Jewish first admissions we find the following differences in the percentages: In senility the females exceed the males. They also exceed the males in the manic-depressive psychoses and in involution melancholia. In cerebral arteriosclerosis the difference is not significant. The percentage among males exceeds that among females in general paralysis, alcoholic psychoses, and dementia praecox. Among non-Jews there are significant differences in percentages, the males leading in psychoses with cerebral arteriosclerosis, general paralysis, and alcoholism. The females exceed the males in senility, manic-depressive psychoses, involution melancholia, and dementia praecox. The latter is of interest as it reverses the relation found among Jews.

It should be noted, however, that the above differences are

TABLE IIA. PSYCHOSES OF JEWISH AND NON-JEWISH FIRST ADMISSIONS TO NEW YORK CIVIL STATE HOSPITALS, 1914–1929, INCLUSIVE

Psychoses	*Jewish first admissions*			*Non-Jewish first admissions*		
	Males	Females	Total	Males	Females	Total
Traumatic	23	7	30	392	62	454
Senile	213	432	645	4,346	5,965	10,311
With cerebral arteriosclerosis	267	262	529	5,354	3,711	9,065
General paralysis	1,188	226	1,414	9,465	2,360	11,825
With cerebral syphilis	26	22	48	477	283	760
With Huntington's chorea	10	7	17	87	70	157
With brain tumor	17	10	27	100	55	155
With other brain or nervous diseases	103	80	183	552	439	991
Alcoholic	45	3	48	4,647	1,262	5,909
Due to drugs and other exogenous toxins	10	3	13	184	204	388
With pellagra	1	...	1	7	21	28
With other somatic diseases	73	174	247	872	1,665	2,537
Manic-depressive	1,006	1,813	2,819	5,009	8,739	13,748
Involution melancholia	83	212	295	981	2,360	3,341
Dementia praecox	2,387	1,871	4,258	13,460	12,272	25,732
Paranoia or paranoic conditions	60	50	110	710	920	1,630
Epileptic psychoses	145	117	262	1,222	969	2,191
Psychoneuroses and neuroses	107	108	215	566	902	1,468
With psychopathic personality	177	170	347	1,184	969	2,153
With mental deficiency	152	185	337	1,172	1,263	2,435
Undiagnosed psychoses	161	157	318	1,803	1,626	3,429
Without psychosis	53	25	78	693	378	1,071
Total	6,307	5,934	12,241	53,283	46,495	99,778

TABLE IIB. PER CENT DISTRIBUTION OF PSYCHOSES AMONG JEWISH AND NON-JEWISH FIRST ADMISSIONS TO THE NEW YORK CIVIL STATE HOSPITALS, 1914–1929, INCLUSIVE

Psychoses	*Jewish first admissions*			*Non-Jewish first admissions*		
	Males	Females	Total	Males	Females	Total
Traumatic	0.4	0.1	0.2	0.7	0.1	0.4
Senile	3.4	7.3	5.3	8.2	12.8	10.3
With cerebral arteriosclerosis	4.2	4.4	4.3	10.1	8.0	9.1
General paralysis	18.8	3.8	11.6	17.8	5.1	11.9
With cerebral syphilis	0.4	0.4	0.4	0.9	0.6	0.8
With Huntington's chorea	0.2	0.1	0.1	0.2	0.2	0.2
With brain tumor	0.3	0.2	0.2	0.2	0.1	0.2
With other brain or nervous diseases	1.6	1.3	1.5	1.0	1.0	1.0
Alcoholic	0.7	0.1	0.4	8.7	2.7	5.9
Due to drugs and other exogenous toxins	0.2	0.1	0.1	0.3	0.4	0.4
With pellagra	*	*	*	*	*	*
With other somatic diseases	1.2	2.9	2.0	1.6	3.6	2.5
Manic-depressive	16.0	30.6	23.0	9.4	18.8	13.8
Involution melancholia	1.3	3.6	2.4	1.8	5.1	3.3
Dementia praecox	37.7	31.5	34.8	25.3	26.4	25.8
Paranoia or paranoic conditions	1.0	0.8	0.9	1.3	2.0	1.6
Epileptic psychoses	2.3	2.0	2.2	2.3	2.1	2.2
Psychoneuroses and neuroses	1.7	1.8	1.8	1.1	1.9	1.5
With psychopathic personality	2.8	2.9	2.8	2.2	2.1	2.2
With mental deficiency	2.4	3.1	2.8	2.2	2.7	2.4
Undiagnosed psychoses	2.6	2.6	2.6	3.4	3.5	3.4
Without psychosis	0.8	0.4	0.6	1.3	0.8	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

* Less than 0.05 per cent.

really of a qualitative nature and do not touch upon the fundamental question as to whether there is more or less mental disease among Jews than among non-Jews. To many this will appear obvious; nevertheless, some important studies on the racial aspects of mental diseases have gone astray on this very point. In a detailed study, the late Dr. Pearce Bailey analyzed the distribution of mental disorders in the United States Army during the World War. All the men diagnosed as mental cases of one type or another were classified in the manner employed above. With respect to the Jews, Dr. Bailey wrote: "The American Jew shows a striking contrast in his habits of inebriety as far as the choice of alcohol and drugs is concerned. The number of Hebrew alcoholic patients is almost negligible, while the percentage of drug addicts is more than double the United States rate. The percentage of neurologic conditions, epilepsy, endocrine diseases, and mental deficiency among Jews is also low. The Jew exceeds, on the other hand, the average representation in the conditions characterized by emotional instability."[1]

This description has already entered the general literature.[2] Yet the evidence for it could not result in such a conclusion. It is impossible to infer the prevalence of any type of mental disorder in the community from a knowledge of its prevalence within a group of psychotics. The only pertinent method consists in relating the number of first admissions to the total population from whom they are derived.

Neither the United States census nor the New York State census has ever enumerated the Jewish element in the total population. Consequently, there is not available any official statement as to the number of Jews in the state of New York. Certain Jewish organizations, however, have realized the usefulness of such information and have attempted to arrive at a reasonable estimate. The best known of these estimates

[1] *A Contribution to the Mental Pathology of Races in the United States,* by Pearce Bailey, M.D. MENTAL HYGIENE, Vol. 6, April, 1918, pp. 387–88. See also *The Medical Department of the United States Army in the World War,* Vol. X, *Neuropsychiatry,* p. 216.

[2] *A Textbook of Psychiatry for Students and Practitioners,* by D. K. Henderson, M.D., and R. D. Gillespie, M.D. London: Oxford University Press. p. 60.

attempts to arrive at the total Jewish population through an ingenious method of determining the number of Jewish school children and their relation to the total school population. Such an estimate is given in the American Jewish Year Book.[1] According to this source the Jewish population in the state of New York in 1920 was estimated at 1,701,260. The corresponding number of non-Jews was, therefore, 8,683,967.

In 1920 there were 693 Jewish and 5,880 non-Jewish first admissions to the New York civil state hospitals. The corresponding rates of first admissions per 100,000 population were 40.7 for Jews and 67.7 for non-Jews. It will be noticed, however, by reference to Table I, that the number of first admissions in 1920 was low as compared with 1919 and 1921, whereas the trend of first admissions in general has been upward. To correct for the "accidental" fluctuation in 1920, we shall take a smoothed three-year average centered at 1920. We then obtain 760 Jewish and 6,008 non-Jewish first admissions. Using the same population estimates as above, we obtain the following rates of first admissions: Jews 44.7, non-Jews 69.2. The smoothed admissions thus result in increasing the rates of first admissions, the increase being greater among Jews. Nevertheless, in both cases, the rate among Jews is clearly lower than that among non-Jews.

These results may be compared with a later estimate for 1927.[2] The Jews were then estimated at 1,903,890. The non-Jewish total, therefore, becomes 9,485,361. In 1927, there were 805 Jewish and 7,123 non-Jewish first admissions to the New York civil state hospitals. The rates of first admissions were, therefore, 42.3 and 75.1 for Jews and non-Jews respectively. The estimates are, then, in agreement as to the lesser prevalence of mental disease among Jews than among non-Jews.

Nevertheless, these conclusions may still be questioned on several grounds. In the first place, the admissions refer to the civil state hospitals and thereby omit admissions to the licensed institutions and to the hospitals for the criminal insane. A complete enumeration might possibly have caused

[1] Vol. 29, p. 242.

[2] American Jewish Year Book, Vol. 30, p. 102.

a change in the above results. On the other hand, the non-Jewish population is drawn in a large measure from rural districts as contrasted with Jews who live in highly urbanized centers. Clearly the environmental factor of degree of urbanization should be the same for both groups. In addition, there may be differences in the sex proportions and age distributions, both of which are closely correlated with type of psychosis and rate of first admission. All these factors must be accounted for in the measurement of group differences.

No data are available for the state as a whole that would enable us to make these adjustments. It was possible, however, to study all the first admissions from the city of New York for the calendar year 1925. This year was chosen advisedly, as we have a very careful estimate of the Jewish population of that city for 1925. It will be apparent also that by limiting the analysis to New York City we are holding the factor of urbanization constant for Jews and non-Jews. We shall also be able to make further comparisons with respect to sex and age, and thereby eliminate these serious sources of fluctuation in the rates of first admissions.

Table III gives the first admissions to the three types of institutions for the mentally ill:

TABLE III. FIRST ADMISSIONS IN 1925 FROM NEW YORK CITY TO THE SEVERAL CLASSES OF INSTITUTIONS FOR THE INSANE.

	Jews			*Non-Jews*		
	Males	Females	Total	Males	Females	Total
Civil state hospitals	357	329	686	1,782	1,625	3,407
Hospitals for criminal insane..	8	2	10	53	10	63
Private licensed institutions...	15	20	35	20	33	53
Total	380	351	731	1,855	1,668	3,523

Of the 731 Jews, 686, or 93.8 per cent, were received by the civil state hospitals; 10, or 1.4 per cent, by the hospitals for the criminal insane; and 35, or 4.8 per cent, by the licensed private institutions. Among the 3,523 non-Jewish first admissions, 3,407, or 96.7 per cent, were received by the civil state hospitals; 63, or 1.8 per cent, by the hospitals for the criminal insane; and 53, or 1.5 per cent, by the private licensed institutions. Viewed from another angle, we may say that the Jews formed 16.8 per cent of the admissions to the civil

state hospitals, 13.7 per cent of the criminal insane, and 39.8 per cent of the admissions to the licensed private institutions, and the non-Jews comprised 83.2, 86.3, and 60.2 per cent respectively.

These percentages should, of course, be compared with the corresponding percentages of the two groups in the general population. It has been estimated that the Jews and non-Jews comprised 29.5 and 70.5 per cent, respectively, of the population of New York City in 1925. The ratio of the percentages in the three types of institutions to the percentages of the same group in the general population will furnish an index of the extent to which Jews and non-Jews utilize the institutions. In the civil state hospitals, the ratios are 56.9 and 118.0 for Jews and non-Jews respectively. In the hospitals for the criminal insane the ratios are 46.4 and 122.4 respectively. In the licensed private institutions the ratios are 134.9 and 85.4 respectively. From these it follows that the Jews have far less than their quota in the state hospitals for the civil and criminal insane, and non-Jews more than their due proportions. But Jews appear in private institutions to a degree that is 34.9 per cent above their quota, compared with a failure on the part of non-Jews to meet their quota by 14.6 per cent. By restricting the admission rate to the civil state hospitals, we thus slightly underestimated the Jewish rate and overestimated the non-Jewish rate. To avoid this (though it produces no significant error) we shall use hereafter total first admissions from New York City to all classes of institutions for the insane.

We saw above that among all first admissions to the civil state hospitals there were 106.3 males to every 100 females among the Jews, and 114.6 males to every 100 females among the non-Jews. In New York City in 1925, the 731 Jewish first admissions were made up of 380 males and 351 females, or 52.0 and 48.0 per cent, respectively. Among the 3,523 non-Jewish first admissions from New York City, there were 1,855 males and 1,668 females, or 52.7 and 47.3 per cent respectively. The ratios of males to females among the first admissions from New York City were, therefore, as follows: among Jews, 108.3 to 100, among non-Jews 111.2 to 100. Again, we find non-Jews more heavily weighted with males.

We must, of course, compare these ratios with the distribution of the sexes in the population at large, and it will be shown that whereas the non-Jewish males outnumber the non-Jewish females in New York City, the Jewish females outnumber the Jewish males. These facts have obvious relations to the rates of first admissions. To avoid the bias due to differences in the sex ratios in the two groups, we shall make separate comparisons by sex.

It remains to be seen whether there are any differences in the age distributions. The estimated age distribution of the Jews is given in the first section of a study reported by the Bureau of Jewish Social Research.[1] Unfortunately we have no corresponding data for the non-Jewish population. For comparative purposes we have used the total population of the state of New York as given in the United States Census for 1920. Table IV gives certain constants for the two distributions.

TABLE IV. AGE CONSTANTS FOR JEWISH POPULATION, NEW YORK CITY, 1925, AND TOTAL POPULATION, STATE OF NEW YORK, 1920

	Jew (New York City)				*Total population (State of New York)*			
	Median	First quartile	Third quartile	Quartile deviation	Median	First quartile	Third quartile	Quartile deviation
Male	24.2	14.0	39.8	12.9	28.2	13.2	43.4	15.1
Female ..	23.3	13.0	38.5	12.8	27.7	13.5	43.3	14.9
Total...	23.8	13.4	39.1	12.9	28.0	13.4	43.4	15.0

From this table it is evident that the Jews of New York City are younger than the population of the state. The females are slightly younger than the males. They are also less variable. As rates of first admission increase rapidly after fifty-five years of age, it will be of interest to compare the relative numbers in each population group over this age. Among Jews, 7.6 per cent are fifty-five years of age and over. Among Jewish males and females, the percentages are 7.3 and 7.7 respectively. In the total population in 1920, however, the corresponding percentages were 11.5, 11.3, and 11.7. It is clear, therefore, that on the basis of their age distribu-

[1] See Jewish Communal Survey of Greater New York, First Section: *Studies in the New York Jewish Population*. New York: Bureau of Jewish Social Research, 1928. pp. 12–16.

tion, the Jews will tend to have lower rates of first admissions than the population as a whole. This difficulty may be overcome by the use of standardized rates. In the case of the Jews, however, the essential data are not given with a sufficient degree of detail to permit of careful standardization. We shall, therefore, make direct comparisons between similar age classes.

Our ability to analyze the rates of first admissions in New York City is due to the availability of the careful study of the Jewish population already referred to.[1] This study was undertaken by the Bureau of Jewish Social Research of New York City, and the results were published in the course of the Jewish Communal Survey of Greater New York. As the reliability of the first admission rates depends upon the accuracy of the estimate of the Jewish population, it will be advisable to explain the procedure of the estimate. The Survey selected typical Jewish districts in Manhattan, Brooklyn, and the Bronx. The books of the state census of 1925 were opened to the Survey, whose investigators counted all the schedules made out for these districts by the census enumerators. These schedules totaled 206,436. From among them, the Jews were selected by a process of identification, dependent upon the existence of names universally recognized as Jewish.

This method would ordinarily miss a certain number of Jews who had adopted non-Jewish names. As the selected districts were known to be principally Jewish in character, however, it is a fair assumption that an error of this type would be at a minimum in these districts. There is every reason to believe, therefore, that the count of Jews was sufficiently accurate for all ordinary purposes. The survey next proceeded to count the Jewish deaths in the same districts. These were easily identified because, in addition to the name, there were such identifying factors as place of burial, which is an almost never failing index among Jews. From these two sources it was possible to obtain specific age death rates for the selected districts. The next step was to find in a similar manner all the Jewish deaths in New York City in 1925. By equating the ratio of these deaths in the unknown

[1] See note 1, page 938.

Jewish population to the known death rate among the Jews of similar age, the population itself may be easily obtained. This method of estimating the Jewish population is clearly more reliable than the method of estimating the Jewish school population and is believed to give very satisfactory results.

The Communal Survey estimated the Jewish population of New York City in 1925 at 1,713,130, of whom 815,330 were males and 897,800 females. The non-Jews must, therefore, be estimated at 4,346,316, of whom 2,203,697 were males and 2,142,619 females. The first admission rates among Jews, based upon first admissions to the civil state hospitals only, were 43.8 for males, 36.6 for females, and 40.0 for both sexes combined. The corresponding rates among the non-Jews were 80.9, 75.8, and 78.4. Let us make a correction by including admissions to the hospitals for the criminal insane and to the private licensed institutions. The rates then become 42.7 for all Jews and 81.1 for all non-Jews. The Jewish males had a rate of 46.6, the Jewish females a rate of 39.1. Among non-Jews the rates were 84.2 and 77.8 for males and females respectively. Rates of first admission among Jews are therefore but little more than half those among non-Jews. When it is recalled that the method of identifying the Jews in the selected districts tended to underestimate rather than to overestimate their number, the rates take on added significance.

The rates must be further analyzed by age, as significant age differences in the two populations have been demonstrated. The specific rates by age are shown in Table V. As already explained, the data for the Jews are for the calendar year 1925, but for purposes of comparison it has been necessary to use the state population as a whole and first admissions to the civil state hospitals in 1920.

The rate of first admissions is higher among the Jews in the age group under twenty years. Thereafter the rate is higher among the non-Jews. The differences are all statistically significant except those in the age groups 15–19, 20–24, and 65 and over. In general the results are the same when comparisons are made by sex, though the differences are more clear-cut in the case of the females. Taking into consideration the general direction of the differences, we may conclude that rates of first admissions are lower among Jews than among non-Jews in corresponding age classes.

TABLE V. JEWISH FIRST ADMISSIONS FROM NEW YORK CITY AND ALL FIRST ADMISSIONS TO THE NEW YORK CIVIL STATE HOSPITALS, CLASSIFIED BY AGE, SHOWING NUMBER AND RATES PER 100,000 POPULATION.

AGE (YEARS)	JEWS						ALL FIRST ADMISSIONS					
	Males		*Females*		*Total*		*Males*		*Females*		*Total*	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
5– 9.....	4	5.6			4	2.7						
10–14.....	7	8.8	13	10.0	20	9.6	20	4.4	9	2.0	29	3.2
15–19.....	57	59.8	30	28.7	87	43.5	170	42.6	148	35.4	318	38.9
20–24.....	70	64.0	59	57.2	129	60.7	373	85.9	250	50.9	623	67.3
25–34.....	74	55.7	94	64.7	168	60.4	849	91.3	766	82.1	1,615	86.7
35–44.....	75	66.2	62	50.2	137	57.9	834	105.5	663	88.5	1,497	97.3
45–54.....	46	54.0	43	58.0	89	55.9	544	92.1	545	97.8	1,089	94.8
55–64.....	19	47.1	21	40.1	40	43.1	414	117.7	386	110.2	800	113.9
65 and over	28	149.5	29	162.0	57	155.6	455	198.1	505	191.7	960	194.7

Table VI affords an interesting comparison between the ages of the first admissions. It is evident that the Jewish insane as a group are decidedly younger than the non-Jews. This probably results from the greater prevalence of manic-depressive psychoses and dementia praecox among Jewish insane, both of these groups of psychoses having low average ages of onset. In both groups the females are older than the males, this being more marked in the case of the non-Jews. This again may be ascribed to differences in types of psychoses, for the female first admissions include a greater pro-

TABLE VI. AGE CONSTANTS FOR JEWISH AND NON-JEWISH FIRST ADMISSIONS FROM NEW YORK CITY TO THE HOSPITALS FOR MENTAL DISEASE, 1925.

	Jews				*Non-Jews*			
	Median	First quartile	Third quartile	Quartile deviation	Median	First quartile	Third quartile	Quartile deviation
Male.....	32.1	21.9	44.8	11.4	40.6	29.8	54.0	12.1
Female...	32.9	23.8	46.4	11.3	41.9	30.8	56.2	12.7
Total ..	32.5	22.8	45.4	11.3	41.2	30.2	54.9	12.4

portion of seniles. As measured by the quartile deviation, the non-Jews show greater absolute variation in age than the Jews. This is in accord with the finding for the general populations as shown above. When the variation is expressed in relative terms, however (in order to reduce them to a common base) the variation is reversed among the first admissions. The Jews then have a coefficient of quartile deviation of 0.33 compared with 0.29 among non-Jews. Among males, the relative variations are 0.34 for Jews and 0.29 for non-Jews. Among females, they are 0.32 and 0.29 respectively.

In Table VII the first admissions from New York City are classified according to psychosis. We have already stressed the fact that the distribution of the psychoses among first admissions is no index of their relative distribution in the community. How clearly this appears in Table VII!

In every psychosis except psychoses with other brain or nervous diseases and in the psychoneuroses and neuroses, the Jews have lower rates of first admission. In these two the rates are of but slight significance. In the important groups of psychoses, such as senile, with cerebral arteriosclerosis, general paralysis, manic-depressive psychoses, and

TABLE VII. TOTAL JEWISH AND NON-JEWISH FIRST ADMISSIONS TO THE NEW YORK STATE HOSPITALS AND LICENSED INSTITUTIONS FOR THE INSANE FROM NEW YORK CITY, YEAR ENDED DECEMBER 31, 1925, AND RATE OF FIRST ADMISSIONS PER 100,000 POPULATION CLASSIFIED BY PSYCHOSES.

PSYCHOSES	TOTAL			JEWS						NON-JEWS					
				Number			*Rate per 100,000 population*			*Number*			*Rate per 100,000 population*		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	25	4	29	...	1	1	...	0.1	0.1	25	3	28	1.1	0.1	0.7
Senile	134	190	324	20	21	41	2.5	2.3	2.4	114	169	283	5.2	7.9	6.5
With cerebral arteriosclerosis	215	194	409	17	15	32	2.1	1.7	1.9	198	179	377	9.0	8.3	8.7
General paralysis	400	121	521	55	17	72	6.7	1.9	4.2	345	104	449	15.7	4.9	10.3
With cerebral syphilis	26	11	37	3	...	3	0.4	...	0.2	23	11	34	1.0	0.5	0.8
With Huntington's chorea	1	...	1	...	...	...	...	...	...	1	...	1	*	...	*
With brain tumor	5	3	8	1	1	2	0.1	0.1	0.1	4	2	6	0.2	0.1	0.1
With other brain or nervous diseases	45	38	83	20	15	35	2.5	1.7	2.0	25	23	48	1.1	1.1	1.1
Alcoholic	190	66	256	1	...	1	0.1	...	0.1	189	66	255	8.6	3.1	5.9
Due to drugs and other exogenous toxins	8	5	13	...	...	...	...	...	...	8	5	13	0.4	0.2	0.3
With pellagra	1	...	1	...	...	...	...	...	...	1	...	1	*	...	*
With other somatic diseases	31	54	85	5	9	14	0.6	1.0	0.8	26	45	71	1.2	2.1	1.6
Manic-depressive	229	433	662	65	106	171	8.0	11.8	10.0	164	327	491	7.5	15.3	11.3
Involution melancholia	27	78	105	6	14	20	0.7	1.6	1.1	21	64	85	1.0	3.0	2.0
Dementia praecox	695	602	1,297	156	118	274	19.1	13.2	16.0	539	484	1,023	24.5	22.6	23.5
Paranoia or paranoic conditions	11	20	31	1	4	5	0.1	0.4	0.3	10	16	26	0.4	0.7	0.6
Epileptic psychoses	49	46	95	7	7	14	0.9	0.8	0.8	42	39	81	1.9	1.8	1.9
Psychoneuroses and neuroses	11	15	26	5	4	9	0.6	0.4	0.5	6	11	17	0.3	0.5	0.4
With psychopathic personality	35	31	66	2	10	12	0.2	1.1	0.7	33	21	54	1.5	1.0	1.3
With mental deficiency	42	64	106	7	8	15	0.9	0.9	0.9	35	56	91	1.6	2.6	2.1
Undiagnosed psychoses	42	39	81	6	1	7	0.7	0.1	0.4	36	38	74	1.6	1.8	1.7
Without psychosis	13	5	18	3	...	3	0.4	...	0.2	10	5	15	0.4	0.2	0.3
Total	2,235	2,019	4,254	380	351	731	46.6	39.1	42.7	1,855	1,668	3,523	84.2	77.8	81.1

* Less than 0.05 per cent.

dementia praecox, the results, with one exception, are clear-cut. In the manic-depressive psychoses, the rates are 10.0 for Jews and 11.3 for non-Jews. The difference, 1.3, is not, however, statistically significant. The results are a complete reversal of the usual impression that the Jews exceed the non-Jews in the functional psychoses. They contradict the opinions even of those few writers who, although maintaining that the Jews have, on the whole, a lower rate of incidence of mental disease, have agreed that they exceed in such psychoses as dementia praecox.[1]

When compared by sex, we find similar results, the Jewish males having lower rates of first admission in every important psychosis except the manic-depressive. In the latter, the rates are 8.0 and 7.5 for Jews and non-Jews respectively. The difference, 0.5, is not significant when compared with its probable error. The Jewish females have lower rates of first admission than non-Jewish females, this being also true of the manic-depressive psychoses. Here there is a diffierence of 3.5, which is statistically reliable.

Rates of first admission among Jewish males exceed those among Jewish females in almost all the psychoses, though most of these differences are not significant when compared with their probable errors. In dementia praecox, however, the rate among males is significantly larger, the difference being 5.9. In the manic-depressive psychoses, the females have the higher rate, the difference of 3.8 being barely significant. In the case of the non-Jews, the females have higher admission rates in the senile psychoses, with a difference of 2.7; in the manic-depressive psychoses, with a difference of 7.8; and in involution melancholia, with a difference of 2.0. The males are in excess in general paralysis, with a difference of 10.8, and in alcoholic psychoses, with a difference of 5.5. The males are also in excess in psychoses with cerebral arteriosclerosis and in dementia praecox, but the differences are not large compared with their probable errors.

We thus find that reliable statistics lead to conclusions diametrically opposed to those usually held with respect to

[1] See *The Inheritance of Mental Disease*, by A. Myerson, M.D. Baltimore: Williams and Wilkins, 1925. p. 38.

the relative prevalence of mental diseases among Jews and non-Jews. It is reasonable to seek an explanation of the earlier attitude on the subject. An answer may be found in the hypothesis that in the absence of exact statistical data, writers tended to confuse a high degree of general emotivity with a corresponding tendency toward mental disease. There is little accurate data with respect to the racial aspects of the emotions, but even if these were available, it should be noted that there is no obvious correlation between excessive and uncontrolled feeling and mental disorders. For if such were the case, we ought to find high rates of mental disease among other peoples, such as the French and the Italians. No such claims with respect to the Latin peoples have yet been set forth in the general literature. Strictures of a similar nature may be made with respect to the psychoneuroses as distinct from mental disease. Unfortunately, we possess no accurate statistics as to their distribution in the community, but, in view of the startling results with respect to the psychoses, one may suspect that there may be equally unfounded impressions relative to the neuroses.

SUMMARY

The results of the study may be summarized as follows:

1. Jews have lower rates of first admissions to hospitals for mental disease than non-Jews. The Jews of New York City are estimated to have a rate of first admissions only 50 to 55 per cent of that among non-Jews.

2. The highest rates of first admission occur among the non-Jewish males, the lowest among Jewish females. The non-Jewish females have a rate exceeding that among Jewish males.

3. The order of the rates of first admission is confirmed with respect to specific age rates.

4. In every important psychosis the Jews have lower rates of first admission, though the difference between the two groups in the manic-depressive psychoses is not statistically significant. Jewish females, however, have a significantly lower rate in the manic-depressive psychoses than non-Jewish females.

5. Among Jews the males have higher rates of first admission than females in almost all the important psychoses. In the case of the manic-depressive psychoses, the females, however, have the higher rate. Among non-Jews, the females have higher rates than the males in the senile psychoses, the manic-depressive psychoses, and involution melancholia. The males are definitely in excess in general paralysis and in the alcoholic psychoses.

6. The Jewish first admissions are younger than non-Jewish first admissions. In both groups the females are slightly older. The Jews have greater variability in age.

7. Jews have a lower rate of criminal insanity.

8. Jews utilize licensed private institutions to a greater degree than non-Jews.

9. There are qualitative differences among the insane as follows:

a. The non-Jewish insane have higher percentages in senility, cerebral arteriosclerosis, and alcoholism. The Jewish insane have higher percentages in the manic-depressive psychoses and in dementia praecox. The percentages are practically the same in general paralysis.

b. Jewish males have a higher percentage, and Jewish females a lower percentage, of general paralysis than non-Jews.

c. Among Jewish first admissions, the males have higher percentages with general paralysis, alcoholic psychoses, and dementia praecox. The females have higher percentages with senile psychoses, involution melancholia, and manic-depressive psychoses.

d. Among non-Jewish first admissions the males have higher percentages with cerebral arteriosclerosis, general paralysis, and alcoholic psychoses. The females have higher percentages with senile psychoses, involution melancholia, manic-depressive psychoses, and dementia praecox.

THE ADOLESCENTS

So eager!
So hungry! And we give them meager,
Grimed scatterings, crumbed
From the loaf we have thumbed.

A-quiver
With radiance, with feeling, with seeing,
With the glory of being,
They enter a room
Close-curtained with gloom.
The air freshens, glistens,
Wild, sweet currents flow;
Aroused by the glow,
Our dulled flesh a-shiver,
Unapprehending,
Disturbed, condescending,
We speak and they listen;
Stunned, stricken, they stay
For one moment; then, awkward with wounds, rush away.

JULIA WELD HUNTINGTON.

Norwich, Connecticut.

ABSTRACTS

IMPRESSIONS OF PSYCHIATRY IN AMERICA. By Edward Mapother, M.D. *The Lancet,* 218:848–52, April 19, 1930.

From impressions gleaned during a trip here, Dr. Mapother compares the situation of psychiatry in the United States and Canada with that in England and attributes the differences to four main factors: (1) the enormously rapid growth of the population in America; (2) the extent to which public provision for psychiatric work is supplemented by donations from private individuals and agencies such as the Rockefeller Foundation and the Commonwealth Fund; (3) the American psychiatrist's comparative freedom from legal restrictions; and (4) the wider diffusion and much higher level of psychiatric education of all types in America. The main resultant of these four factors is a greater tendency in America to look at mental disease as a problem to be solved rather than as a burden to be borne. Dr. Mapother discusses each of these factors in detail, pointing out their advantages and disadvantages as compared with the situation in England. For example, he shows that the effect of the rapidly growing population is good in that it means that new institutions and additions to old ones are constantly being constructed, offering an opportunity to embody new ideas and new features. It also promotes attempts to find legitimate substitutes for institutional treatment and to discover methods of prevention and cure. On the other hand, the provisions for care and treatment are practically everywhere in arrears, with the result that there is much overcrowding and sometimes no proper facilities for the care of incipient or transient cases.

In general Dr. Mapother feels that American psychiatry differs from English not so much in the matter of better buildings or standards of maintenance as in the medical spirit that dominates it and its consequent preoccupation with treatment and research. "America is interested chiefly in development, England in maintenance. American attention is fixed mainly on what will be and English on what has been."

WHY PARENTS CONSULT THE PEDIATRICIAN. By George S. Stevenson, M.D. *American Journal of Diseases of Children,* 39:814–26, April, 1930.

A study of the motives that impel parents to bring their children to a physician is of more than academic interest. The conscious

motive—desire for the child's welfare—may not be the real motive, and the real motive may involve personality problems in the parent that will seriously interfere with the treatment of the child or, on the other hand, may be bound up with powerful forces which the physician can utilize in carrying out the treatment. In a group of 32 unselected cases studied at the pediatric department of Cornell Clinic, Dr. Stevenson found that 12 were uncomplicated medical problems, 15 were medical problems so exaggerated by the adult personalities involved that these personalities had to be considered in any adequate plan of treatment, and 5 were practically entirely problems of the parents' or adults' personalities. In 24 of the 32 cases, the conscious altruistic motive was the real one; in 8 the motive was ulterior or hidden, as in that of the aunt who wished to use her nephew's illness as evidence of neglect on the part of the child's mother and so to pry her brother and sister-in-law apart. Even in the 24 cases in which the motive was primarily altruistic, it was frequently complicated by emotional or situational problems in the parents which had to be taken into account in planning therapy. From the point of view of treatment, the most serious of these personal factors was an overprotective attitude toward the child. This can be analyzed in terms intelligible to the parent and itself treated therapeutically. Dr. Stevenson emphasizes also the importance of giving the diagnosis in terms that the parent can understand instead of in technical language that may only leave him bewildered or resentful. The article closes with a brief account of each of the 32 cases.

POSTOPERATIVE EMOTIONAL DISORDERS: THEIR PREVENTION AND MANAGEMENT. By Robert B. McGraw, M.D. *Bulletin of the New York Academy of Medicine*, 6:179–88, March, 1930.

The present-day theory of emotional disorders, Dr. McGraw points out in the preface to his paper, is that they cannot be classified into definite clinical entities, but that they represent rather a breaking down of the adaptive ability of the organism, due to a variety of causes. In considering postoperative neuroses and psychoses, therefore, it must be remembered that the operation is only one of the factors involved. It may be a factor of no importance in relation to the emotional disorder in question; or it may be the precipitating factor; or, again, it may be the chief factor.

Ideally, the operation should be preceded by a careful study of the individual patient, including not only his personality make-up, but his family history as well. It would then be possible to form an estimate of his probable adaptability and to weigh the benefits to be

derived from an operation against the psychic risks involved. Many postoperative psychoses and neuroses would, in Dr. McGraw's opinion, be eliminated by this procedure. Even in cases in which an operation was considered advisable in spite of high psychic risks, an understanding of these risks would make it possible to minimize them by fortifying the patient against them. Adequate histories—taken by the physician himself, not by an office nurse or so-called historian—would also do away with many of the operations now performed for symptoms that are purely delusional and that only return with added force after the operation.

The postoperative emotional disorders in which the operation is the chief factor, Dr. McGraw divides into two classes: (1) those in which the character of the operation—for example, a complete hysterectomy—or the type of treatment instituted in connection with it, may result in psychic disturbances; and (2) those produced by toxic conditions following the operation. Disturbances of the first type can often be forestalled by adjusting the patient's mental attitude prior to the operation, or by modifications in the treatment based upon consideration of the patient as a whole instead of merely as a particular type of surgical case. For the handling of the second type of disturbance, Dr. McGraw lays down the following general principles: (1) treatment of the underlying toxic condition must be continued regardless of the mental condition; (2) it is essential that the nurse in charge of the case have enough training or experience with mental cases not to be afraid to use as little restraint as is consistent with safety; (3) sedatives should be used cautiously, with the realization that to a certain extent they increase the toxic condition; (4) the question of removal to a psychopathic hospital often comes up, but the general hospital is usually better equipped to treat the physical aspects of such cases and unless it is quite impossible, an attempt at least should be made to care for them there.

BOOK REVIEWS

LIBERTY. By Everett Dean Martin. New York: W. W. Norton and Company, 1930. 307 p.

The author of this book is already well known to that portion of the public which enjoys "serious reading". It is altogether likely that his present effort will attain a wider "popularity" than its predecessors, and for several reasons. The Book of the Month Club made it its June recommendation and this will have introduced it widely. Its subject matter is of a more general character than either *The Behaviour of Crowds, Psychology,* or *The Meaning of a Liberal Education,* and should have a wider appeal. Very likely the most potent influence in getting it before the public, however, will be that "blessed word" with which it is entitled, than which, perhaps, none has such currency in the mouths of the American people.

It is a good book and a timely. Its author is observant, thoughtful, courageous, and his pages are ample witnesses of the fact. He has set himself the task of delineating what liberty has meant through the ages, comparing and contrasting this with what it appears to mean now. There is no doubt whatsoever that he is not pleased with what he has found. Criticism of present-day views and ways is unsparing. At times the remonstrance is gentle and plaintive, generally anything but; the stinging lash is used thoroughly. One wonders how effective the plain word and protest will be. The people who will value the book most will be those whose observations and thoughts here find expression. Those who really need the lesson will probably be definitely opposed or unheeding or will read, enjoy the punishment, and speedily forget all about it. It is among these groups that liberty is thought of as something that, once having been attained, need no longer be worried about. For them, it comes to occupy about the position of some ancient, tarnished, and battered trophy, emblematic of by-gone prowess. Of emotion concerning it, there is a superabundance; of serious thinking and realization that eternal vigilance is necessary that freedom be not lost or mutilated, there is little. The danger does not lie in the threatenings of a traditional class or of an alien tyrant, but in the crowd, with its gullibility, half-baked ideas, and o'erweening suggestibility. Material prosperity, intolerance, ignorance, and degraded popular prejudice make a combined assault, and the result brings despair to the author and to the many of those who will agree with him in his findings.

Throughout, there is insistence on liberty as a present and continuing issue. One would think such insistence unnecessary, but the author has no difficulty in showing the need. The true meaning of liberty—or perhaps one should say meanings—have been lost sight of, and desire for material profit and conformity have usurped their place in the minds of the people. The causative factors in this startling and lamentable change are stated to be economic, religious, and political. The economic contribution was the industrial revolution, with its exploitation and gradual accumulation of abominable social conditions, necessitating a program of social legislation. The degradation of the religious ideas of salvation, evangelism, and the church militant has contributed in no small way. In the past, liberties were wrung from unwilling rulers and were valued. When the sovereign is no longer a king, but the sovereign people itself, the situation changes, and there seems no longer the necessity to protect the individual from our sovereign selves, acting *en masse*. The arch-enemy is the Crowd, with its pettishness, opinionated obstinacy, susceptibility to propaganda, factiousness, and essential conservatism. Liberty's constant friends can be found only among those with self-criticism, discrimination in thought, intellectual honesty, and skepticism of popular slogans.

In the historical survey, the author points out the difficulty in arriving at a satisfactory definition of liberty, owing to its having been pursued along divergent paths. To some, it has been looked upon as a cultural achievement, the result of civilization, and, therefore, one must consider the world at large as incapable of it. This was the fundamental idea of the Athenian democracy. Rousseau was the chief protagonist of the view that freedom was attainable only in conformity with nature's laws and that civilization, as such, was a hindrance instead of a help. There are those who believe liberty to be best attained by self-sacrifice, denial of nature and the world. Such a gospel of negation is "an escape mechanism" pure and simple and cannot be widely accepted. Still others look to liberty as a new start, a sudden social transformation in which the meek and downtrodden will come into their own triumphantly.

The Athenian democracy of the fifth century, admirable as it was—an example from which much can now be learned—came to its fall with the development of the very disabilities that now burden the American Commonwealth—viz., the growth of all manner of restrictions, partisan conflict, insistent demands for conformity, corruption among the incompetent and unscrupulous men that democracy seems to prefer as holders of high office.

Christianity, posing as the champion of liberty through the years,

is subjected to close analysis, and the conclusion is reached that its attitude has not been entirely helpful. Everything went well in the Early Church, and it was then that a real contribution was made, in that the seat of authority was transferred from something external to something internal—the individual conscience. But trouble came with the partnership between the Church and Imperial Rome, the latter contributing a moralistic attitude, intolerance, and a demand for conformity that have at times led the Church to be, not the champion, but the persecutor of those who would be free.

In the world before the Renaissance, "man lived enveloped in a cowl—a careful pilgrim intent on the terrors of sin, death, and judgment—beauty a snare; pleasure a sin; the world a fleeting show; man fallen and lost; death the only certainty; judgment inevitable; hell everlasting; heaven hard to win". On such a world, with a few preliminary flashes of light, burst the glorious Revival that so completely transformed literature, philosophy, science, and art. And with it came a rebirth of liberty.

It is a far cry from fifteenth-century Europe to twentieth-century America, and yet the author brings out a new and one would say valuable point in the relationship. He is satisfied that the stubborn puritanism, the comparative lack of knowledge of the philosophy and classics of liberty, the serious lack in cultural values characteristic of the predominently agrarian Anglo-Americans, is the result of their ancestors' having missed the enlightening influence of the Renaissance. The point will not be acceptable to many, but it is new and should stimulate thought.

The ideas of Rousseau and the eighteenth-century French liberals have been more than a little responsible for the preverted ideas of liberty now extant. In these Romanticists of liberty, the relative ideas of liberty and enlightenment got thoroughly mixed. To Aristotle, Bacon, and Voltaire, enlightenment was the parent of liberty; to Rousseau it was the child. The latter view has largely prevailed, unfortunately, and now one witnesses the pet doctrines of the Natural Goodness of Man, the Return to Nature, the Sovereignty of the People, and the Social Compact, not only growing and flourishing wildly and uncontrolled, but thoroughly gone to seed.

Tolerance of freedom of speech is set forth as the real test of the love of a people for liberty. That there is danger in it is admitted, but the good far outweighs the fault. It is a remarkable and a sad thing that the great classics of liberty and tolerance are to most people unknown, let alone read. Milton, Locke, Mill—who among the crowd talking loudly of liberty know them, or realize how much the cause of liberty owes to them?

In the chapter on freedom and power the author administers his most stinging rebukes to present-day "democracy", in which freedom to make money seems the only liberty really valued and in which insensitiveness to meanings and values without immediate utility is a mournful commentary on the general cultural level. A persistence in overwhelming faith in the essential rightness of custom, tolerance for the crippling action of religious dogma, childlike belief in the efficacy of doctrinaire legislation, can only result in the removal of "the moral obligation to be intelligent" and the gradual quenching of liberty.

While the book is chiefly directed to the American people, its acute observation and lessons should come home to the "business and bosoms" of all who love liberty everywhere. Not all will agree with the author's historical interpretations or with his conclusions as to the forces that liberate or enthrall. None will doubt his sincerity and courage, and no one, having read the book thoroughly, will regret it.

"Liberty—who will hear her as she calleth? Who will bid her come and welcome? Who will turn to her? Who will speak for her? Who will stand for her while she yet hath need?"

A. T. MATHERS.

Psychopathic Hospital, Winnipeg, Canada.

THE AWAKENING COLLEGE. By Clarence Cook Little. New York: W. W. Norton and Company, 1930. 282 p.

The academic world has been waiting with considerable interest to learn just what Dr. Little has been doing at the University of Michigan during his three-year tenure as president of that institution. *The Awakening College* appears to be the " now it can be told " of that three years' experience. Dr. Little's book will be of vital interest not alone to educators, but to all those who are seeking a better understanding of present-day human affairs.

The reviewer suggests that the last chapter be read first. In this the author has reviewed his own book; here is a summary where the curious may nibble, but he who reads the summary will not be content until he has read all.

Dr. Little has probed very deeply into college ills and campus activities, and each problem is met with a constructive program for betterment. The following subjects are considered: admission to college, the curriculum, the dean's office, fraternities, automobiles and liquor, coeducation, military training, the professional scholar, training teachers, pseudo-professional schools, politics, athletics, alumni, and religion.

The present system of testing the candidate's admission to college by written examination is held inadequate, as it furnishes no clue to character, personality, and emotional maturity. This has long been recognized by the mental-hygienist who must meet the problems of emotional instability and maladjustment among undergraduates. "The largest and certainly the most tragic cause of failure in college is emotional in nature."

Of particular interest in the chapter on the curriculum is the statement that in junior college "the student usually lives at home and therefore gains no real experience in meeting life independently as he would at a senior college". College mental-hygienists have found maladjustment particularly common among students living at home; here the problem appears chiefly one of emancipation.

The dean should be human and emotionally sympathetic. If such a one cannot be found, then the office should be taken over by a committee of young faculty members.

The author's experience with the trained college mental-hygienist appears to have been unfortunate, for he recommends in his stead "tutors, preceptors, or advisers who have the point of view and general methods of a mental-hygienist without his professional manner, degree, or shingle". But can they be sufficiently trained for such work? Mental hygiene is an art (based on the sciences) for which the average psychiatrist is no more qualified than is the research professor qualified for teaching. Personality and sympathetic attitude are just as important here as they are in the office of the dean, but special training is also required to understand mental and emotional maladjustments.

A serious indictment is brought against college fraternities, which are cited as the "greatest force against true democracy in American universities". Among other corrective measures is recommended the appointment by the university of a proctor to each fraternity. He should be a non-member, have residence within the chapter house, and be held responsible for discipline.

Coeducation, because of marked differences between the sexes, and the emotional storms and distractions from academic work resulting therefrom, is considered unwise in the undergraduate school. In this connection, one would like to know whether homesexual situations are not of more frequent occurrence in colleges limited to students of one sex then they are in coeducational colleges.

In the chapter *Training of Teachers* the author cuts to the very core of present-day obstacles to progress. Overemphasis on organization, overprofessionalism, paucity of research, and the need of more in-

formation concerning the student are cited as important handicaps. Education of the future will concern itself more with a study of the differences between individuals.

Specific recommendations are made for reform in college athletics: viz, the revenue from intercollegiate contests might properly be turned over to the treasurer of the university and budgeted; the maintenance of several 'varsity teams of different weights would provide opportunity for a greater participation among students; the professional coach should as far as possible be kept in the background and during intercollegiate contests be replaced by an undergraduate field coach.

The average alumnus is credited with having little interest in his alma mater except during football season. The fault here lies with the college itself, which manifests no interest in the alumnus except during "drives" for money. The author believes that the alumnus is vitally interested in the academic affairs of the college, but that he is shy. He recommends the appointment of "alumni fellows" who shall have a place on the faculty and whose business it shall be to keep in touch with alumni through suggested reading lists and university extension courses.

Let those who are afraid of youth, who believe youth to-day has no religion, read *Religion in College*. Here the author is at his best and he knows youth. Let me quote: "By and large, however, post-war youth was more self-sufficient, more courageous, more sincere than formerly. . . . Youth to-day loves God more than any generation before it and is unafraid." Youth's rebellion is not against religion, but against ritual, dogma, and authority. The blame for youth's attitude is placed squarely upon the Church, which has fallen down in meeting such vital matters as birth control, divorce, death (and euthenasia?) politics, wealth, law enforcement, recreation, international relations, and religious tolerance.

Elsewhere—in business, industry, politics, and medicine—one sees signs of reform; only religion and education are asleep. Dr. Little's book is not only a splendid appraisal of the lethargic condition in our colleges; it is an urgent and timely plea for religious and educational awakening.

H. M. KERNS.

PSYCHOLOGY IN SERVICE OF THE SOUL. By Leslie D. Weatherhead, with a Foreword by Professor Eric S. Waterhouse, D.D., and John R. Oliver, M.D. New York: The Macmillan Company, 1930. 212 p.

This book consists of revised articles written for the *Methodist Magazine* and the *Methodist Recorder* in England, and the author is a Methodist minister in that country. The book is described by the

author as a by-product of readings in psychology over a period of twelve years and of some considerable practice of psychotherapy as a minister. His interest dates from the time of a war chaplaincy in Mesopotamia, when he and another padre were standing in a hospital ward and a doctor turned on them with the words, "You padres ought to be doing most of this." The book is based on a conviction that there is a sphere of service to troubled lives untouched by the medical man and the psychotherapist, because requiring a religious approach. Mr. Weatherhead does not think all clergy should engage in such work, but feels that there is a definite field in which some of them should specialize.

This is different from saying that clergy, and all others who deal in human relationships, should have a working knowledge of the varieties and meanings of human behavior. A specialized handling of problems ordinarily taken to physicians is indicated. These can be handled by the minister when the persons at point are affected by religious influence and terminology, when they approach life theologically conditioned. There is nothing in the examples given by Mr. Weatherhead to show more than that some neurotic people and problems are helped when the therapist capitalizes religious interests and predispositions in the people who have them. The reason a minister trained in psychotherapy succeeds with cases where others fail is not that he is a better therapist, but that he speaks the language of religiously influenced people. The fact that there are many such justifies the utilization of that commonalty of feeling and speech.

Nothing of the power of religion as such is proved by Mr. Weatherhead nor is anything added by him to the science of psychology or psychotherapy. It is a simple book of the sort one would expect in a denominational journal, very helpful indeed for the ordinary reader of such. It can influence those to whom religion means much to regard psychotherapy sympathetically and—except for a rather high regard for hypnosis which might be misunderstood by some—it teaches very good psychology. It does not pretend to be deep or original and could be used very helpfully indeed for non-intellectually inclined people, or those timid in everything but the preservation of a certain religious mold of thought. As Dr. Oliver says in the Foreword, "When a clergyman asks me for a satisfactory book on psychasthenia, phobias, etc., I am often forced to put into his hand a book written by a man whose outlook is purely materialistic if not distinctly anti-religious. The value of the present book lies in the fact that the writer is approaching simple methods of psychotherapy from the standpoint of the Christian religion."

One is rather charmed by and attracted to the author. He is ob-

viously an excellent and godly pastor, sensitive to human need and committed to its service. His psychotherapy never obscures his distinctly religious purpose. The soul, as one might guess from the title, is a definite entity. Both consciously and unconsciously he lapses into homiletical mood and language. He is interestingly free from any sensitiveness to the intellectual difficulties of modern people in regard to religion and the philosophical aspect of its contact with science. The place and function of religion are to him very definite and clear, and the place and function of the minister have for him never found challenge. It is a delightful freedom and unquestionably efficient and effective, even if difficult to achieve nowadays.

One may recommend the book without fear of harm to any one. It will carry some to a sympathetic trust in psychotherapy and those trained to practice it. It will help none toward new knowledge either of religion or psychology.

PRYOR MCN. GRANT.

Toc H, New York City.

PSYCHOLOGY FOR RELIGIOUS AND SOCIAL WORKERS. By Paul Vining West and Charles Edward Skinner. New York: The Century Company, 1930. 515 p.

In the preface to this book the authors—after pointing out that there are numerous books on general psychology and on the application of psychology to business and education, but very few that deal specifically with religious work or general social service—express the hope that their text "will meet the needs of theological seminaries, schools of religion, and schools of social work as a basic text in psychology; that it may be used in reading circles, special study courses, and institutes; and also be a valuable edition to private libraries". It is difficult, however, to feel that any of these hopes will be realized. The book is much too generalized and homiletical for schools of social work and too matter-of-fact and uninspiring for theological seminaries. Study circles composed of people of little specialized knowledge might be satisfied with it. The authors show very slight understanding of the professional field of social work and seem to be familiar with only a limited type of religious activity, and even that familiarity is uncritical. Students prepared to enter schools of social work or theological seminaries would gain little illumination or intellectual stimulation from the book.

The volume is divided into three parts. The first is a general introduction to psychology divided into thirteen chapters. It is of necessity summary and general, and it is written in a monotonous sequence of assertive sentences. The treatment is chiefly descriptive. Factors that belong to the subject matter of psychology are indicated

without any dynamic interpretation. On the whole this part of the book is to be criticized not so much on the basis of what is stated as of what is omitted and glided over. Dreams, for instance, are disposed of in half a page.

Part II is entitled *Psychology Related to Fields and Topics of Special Interest.* Much of this section, as indeed of most of the book, is trite. In a page devoted to the large subject of "insanity", there is an amazing characterization of mental diseases under the simple dichotomy of "dements" and "aments". An ament is one "born with a defective mentality". A dement is "one who has lost his mental powers after having had them". Dementias are distinguished on the basis of chronology. One may judge how helpful this would be to students in theological seminaries and in schools of social work, or, one might add, anywhere else.

Part III is entitled *Applications of Psychology in Social and Religious Work.* The applications are very general and the style is often hortatory and homiletical. In a brief chapter of thirteen pages on the psychology of social work, there is a fair statement of the service to be performed, but no notion is given of the methods by which social work is or may be carried on. Certainly training in social work is training in method, and little else.

Psychoanalysis is mentioned three or four times in the book, but in a manner that indicates a lack of understanding of its fundamental meaning and ideation. It is disposed of with the statement that the existence of an unconscious mind is purely hypothetical and the "personification of the censor" unproved, with the usual reference to undue emphasis on sex. Hypothesis as a tool of practical import apparently has no point for the authors, in spite of a citation of several works by John Dewey.

A book of 515 pages obviously represents a great deal of work, and this one has been very carefully and conscientiously projected. But there is no richness of color or content in it, no deep experience of the creative urges in the actual struggle of social work and religion to achieve their goals or to express themselves. Its usefulness would seem to be, therefore, very unfortunately limited.

Toc H, New York City. PRYOR MCN. GRANT.

THE GROWING BOY; CASE STUDIES OF DEVELOPMENTAL AGE. By Paul Hanly Furfey. New York: The Macmillan Company, 1930. 192 p.

This book supplements previous writings of the author. In these he has brought forth his concept of "developmental age", the term he uses to denote "the progressively increasing maturing of behavior

which shows itself in the child's changing interests and in his whole behavior". He has presented the questionnaire that he devised to obtain this age and also the normative data formulated from the questionnaire results. In *The Growing Boy*, instead of using a test technique like the questionnaire to secure his data, he has adopted the clinical method and has studied intensively the developmental age of boys by means of direct interviews. Visits to the homes of many of the youngsters and long-time contacts through club work have increased the reliability of the data.

After devoting the first two chapters to summarizing his previous work, the author in the next chapter discusses "the first 6 years" as a preliminary to the remaining chapters, which are entitled *The 6-Year-Old*, *The 8-Year-Old*, and so on up to *The 16-Year-Old*. Between the 12- and the 14-year-old chapters there is an interesting one on adolescence. In these various chapters the author describes what he feels to be the norm in developmental age for the particular level in question, and then cites case illustrations which he believes fall both within and without the category of the normal. He writes with an easy style and has included many shrewd observations about boy life at the various levels.

The data on which the D.A. (development age) is determined is limited almost entirely to the play and phantasy life of the child. There is nothing about the child's emotional relationships with the parents, his reactions to the problem of increasing responsibility, or other indices of significance in the maturing process. As a consequence, the D.A. is rather limited in its implication and perhaps often fails to give any real indication of the true emotional maturity of the child. Until the author finds a technique to get at the deeper problems in maturing, the concept of D.A. as now worked out will remain an interesting, but not as yet practicable, means of measuring emotional growth. It does scratch the surface of the whole problem, but unfortunately not much more.

H. M. Tiebout.

Institute for Child Guidance, New York City.

Guiding the Child. By Alfred Adler and Associates. New York: Greenberg, Publisher, 1930. 268 p.

Within the past several years a number of semi-popular books by Adler have appeared. The general principles of individual psychology are covered in *Understanding Human Nature* and *The Science of Living*. The book under review, translated from the German by Benjamin Ginzburg, was designed to present factual material obtained in clinics conducted on the principles of individual psychology. The

prefatory note states that "the book does not sacrifice fact to popular appeal, but at the same time, it has been carefully prepared to meet the needs of the individual parent as well as the progressive group worker".

The book consists of twenty-one essays written by a total of twenty-three authors. There is but one essay by Dr. Alfred Adler—*A Case from Guidance Practice*—though it should be added that the prefatory note states: "Dr. Adler has edited the volume and assigned each subject to the specialist in that field, to the end that there be no omission and no repetition."

The book as a whole falls short of its avowed aim and intent. It is manifestly impossible in a brief review to discuss each essay—some would not warrant the time or space it would take. A few of the essays merit a better fate than inclusion in this series. Among these few are *The Physician and Educational Guidance*, by Dr. Olga Knopf and Dr. Erwin Wexburg; *The Hated Child*, by Martha Holub and Dr. Arthur Zanker; and *Escape to Disease*, by Dr. Friederike Friedmann. These essays at least do present some of the fundamentals of this school of psychology.

The first essay in the book, *The Vienna Child Guidance Clinics*, by Regine Seidler and Dr. Ladislaus Zilah, gives a rather full account of the establishment of these clinics and the methods under which they operate. The authors state that the activity of the educational guides may be comprehended under the following four headings: (1) securing the confidence of those who come for guidance, (2) discovering the sources of educational errors, (3) encouragement, and (4) stimulating the social sentiments.

The case stories and the interviews with child and parent are badly and inadequately presented from the point of view either of a student or a teacher.

Unfortunately the reviewer did not have access to a German copy of this book. The translation may be literal, but it is frequently poor English. The reviewer, although sympathetic to Adlerian formulations in child-guidance work, does not believe that this book is of much "value to the welfare worker, the physician, and the forward-looking parent".

HENRY C. SCHUMACHER.

Child Guidance Clinic, Cleveland.

YOUR NERVES AND THEIR CONTROL. By Foster Kennedy, M.D., and Lewis Stevenson, M.D. New York: D. Appleton and Company, 1928. 172 p.

A perusal of this book, by two of the most prominent neurologists of America, reveals the startling difference between present-day

neurological and psychiatric conceptions. It is put forth as an explanation to the layman of the causes and nature of "nervousness". Having been impressed by the discovery that there is a popular demand for such knowledge, and fearing that this demand will be otherwise met by false statements from charlatans, they have set out to instruct the layman themselves.

After a concise and readable survey of the structure and disturbances of the nervous system, they briefly describe the "functional disorders". They state with firm assurance that by far the most important cause of neuroses and psychoses is an hereditary weakness of the organism, which is transmitted according to the Mendelian law. They shrink from the notion that the "normal man" can acquire such ills, and assume that where such disturbances occur, there was a primal weakness already present. As minor factors of much less importance, they list ten causes, ranging from "pregnancy" through "worry" and "early educational faults" to the last cause—"complexes, repression, trauma, fear, and other psychological mechanisms".

Although the account is rich in destructive criticism of Freudian theories and although psychogenic factors are relegated to an unimportant place, the authors devote some space to an approving summary of Bernard Hart's *Psychology of Insanity* as an explanation of "complexes" and "conflicts", and include a section on advice as to the "prevention of nervousness" which makes no reference to the hereditary background.

Undoubtedly this book was written seriously as an exposition of the authors' approach to mental maladjustments. Yet it is difficult to see what such a book, put out for popular consumption, can contribute to the mental health of the average layman. As a treatise on neurology, it might be a convenient handbook for the nurse or the untrained medical worker. It may, on the other hand, seriously disturb a badly adjusted reader by emphasizing such fears as he is already too prone to have—that his illness is due to heredity and, therefore, hopeless; that he is afflicted with one of the various organic nerve disturbances that are so graphically (and not optimistically) described; that he is set apart as an inferior type who can never expect to reach the level of "normal man".

LESLIE E. LUEHRS.

Mental Hygiene Clinic of the Association for Improving the Condition of the Poor, the Brooklyn Bureau of Charities, and the State Charities Aid Association.

PSYCHOANALYSE DER NEUROSEN; ELF VORLESUNGEN GEHALTEN AM LEHRINSTITUT DER WIENER PSYCHOANALYTISCHEN VEREINIGUNG. By Dr. Helene Deutsch. Wien: Internationaler Psychoanalytischer Verlag, 1930. 189 p.

Some time ago the reviewer was attending a meeting of non-analyst scientists when one of them launched an attack upon psychoanalytic theory as presented in a certain clinical textbook. Naturally, a defense was expected from the only psychoanalyst present, and he must have keenly disappointed one or two sympathizers by justifying the critic's strictures. His reason was that it was impossible to represent psychoanalysis convincingly by de-individualized formulæ, and that, precipitated thus crassly, it could not but appear inconclusive, arbitrary, or phantastic to a scientifically trained person. No branch of science is more inadequately expressed by a set of dogmas or depends so much upon the nuances of the individual case. The composition of a truly enlightening textbook in psychoanalysis is, therefore, no slight undertaking and may be almost considered an event in psychoanalytic literature.

Without having been at all intended by its author as a textbook, Dr. Helene Deutsch's collection of lectures, entitled *Psychoanalyse der Neurosen,* is one of these events. For the experienced analyst, as well as for the student in training, this book constitutes an invaluable manual. Brief though it is, it is not a compilation, but a living record of facts observed and tested during nearly two decades of exhaustive psychoanalytic experience. If generalizations appear in the course of the book, they are projected from the material itself rather than imposed upon the reader, and each vital problem of the neuroses is amply illustrated by analyses of cases marked by a fidelity to atypical as well as typical facts that goes far towards establishing the author's scientific objectivity and reliability as an observer. It is questionable whether, with the exception of some very technical analyses, more than a fraction of psychoneurotic case material in literature may be given full credence as to correctness of observation and thoroughness of treatment. Lack of self-analysis and unconscious fears of one's own ignorance too often result in subjective evaluations, arbitrary (though unconscious) disposal of problems, and overlooking of details that may actually have more reality and importance than the cruder manifestations. The author of *Psychoanalyse der Neurosen* is notably free from these impediments to accuracy and insight in the field of the psychoneuroses.

Dr. Deutsch introduces her lectures by a brilliant chapter on the "current" conflict, the importance of which is not to be underestimated as one of the major factors in the creation of a neurotic

syndrome—the others being fixation of libido and regression. She throws new light on the nature of the "current" conflict, derived from analyses of cases in which, in spite of structural variations, the "current" conflict is identical and the reaction to renunciation is the same. Emphasis is laid upon the fact that the criterion of this conflict is its insolubility—for example, the psychic impossibility of effecting a separation from an object no longer loved—in a subjective rather than an objective sense. So long as a conflict has an external reality only, it is outside the sphere of analytic therapy. A truly subjective insolubility, on the other hand, always parallels earlier situations that remained unsolved in childhood, and Dr. Deutsch properly stresses the "current" conflict as an index of deeply buried conflicts in the past. This should be a caveat to such analysts as tend to underestimate the *historical* importance of the "current" conflict.

In making this topic her first chapter, Dr. Deutsch does not begin in the elementary manner of the deliberate textbook writer, but plunges at once into the very core of her subject before proceeding with a systematic presentation of the neuroses. These she lists under the major headings of Hysteria, Phobia, and Compulsion Neurosis, giving under the first division conversion-hysterical syndromes, such as cases of nightmare, enuresis nocturna, disturbance of potency, paralysis, speech disorder (stammering), fits, and twilight states. To this section the author contributes a prefatory chapter on the "destiny neurosis" (*"Schicksalsneurose"*)—a neurosis without strong clinical features, with compulsively repeated pathological reactions to experience—drawing a very fine distinction between it and the "neurotic character" formations, on the ground that in the latter the "current" conflict is more diffuse. Although the "destiny neurosis" appears, on the surface, to be caused by renunciation forced upon the individual by the external world, it is actually the result of insoluble inner conflicts, and differs from the neurotic character, in which conflicts, thoroughly assimilated by the ego throughout life, do not easily provoke manifest disorders. Infantile traits are here never really the result of unsuccessful repression, as in the "destiny neurosis". Neurotic character formations are, therefore, the most difficult for analytic therapy, and it is possible to believe that many of the so-called neurotic characters that have proved amenable to treatment could have been more aptly called "destiny neurotics". The difference, however, is a quantitative one, and it may be difficult to locate the exact point at which a "destiny neurosis" becomes a neurotic character formation. Further research will have to determine whether "destiny neurosis" is not merely a more fortunate substitute for "neurotic character"—fortunate because the latter term is gen-

eral and undescriptive, and has, due to popular usage, a somewhat abusive connotation.

Phobia and compulsion neurosis are Dr. Deutsch's specialties, as may be gathered from previously published articles and from her chapters on these subjects in this volume. Illuminating are her almost classical analyses of cases of cat phobia, hen phobia, and agoraphobia, which obviously cannot be presented in a review. In her cat-phobia case, the object of fear—*i.e.*, the cat—is convincingly shown to be the representative of both the affectionate and the aggressive homosexual impulses toward the female sex. In agoraphobia, it is interesting to follow the author's demonstration of the rôle of the unconscious identification with the object toward which the aggressive tendencies that underlie the phobic syndrome are directed, and her emphasis (recalling Karl Abraham's) on exhibitionistic tendencies. The section on compulsion neuroses, which consists of studies of ceremonial acts, other compulsive actions, and compulsive reasoning (*"délire de toucher"*, compulsive washing of hands, syphilophobia, and so forth), is equally rich in original observation, the fine distinction between inner mechanisms in phobias and compulsion neuroses being especially notable. Important, too, is Dr. Deutsch's emphasis on repressed aggressive tendencies and their functioning within the structure of the neurosis, the more so since, to the best knowledge of the reviewer, her treatment of this problem was independently arrived at, before Professor Freud's fuller treatment in his latest volume, *Civilization and Its Discontents.* The implacable severity of the super-ego—indicating a strong sense of guilt—is nowhere more marked than in the compulsion neurosis, increasing in proportion with the intensity of the primary aggressive impulse, a tendency that Dr. Deutsch fitly calls "aggression against aggression".

Space does not permit us to dwell on the brilliant ideas of this book on the inner conflicts within the "normal" individual and on other subjects, all of which betray an exceptionally cultivated and philosophical mind. The book closes with an appendix on melancholia and depressive states, although the author disclaims any intention of including the field of the psychoses within the scope of her volume. The appendix, however, adds valuable material on mechanisms in the psychoneuroses, such as the placating of aggressive drives by redirecting them from the hated-loved object to oneself in the form of masochistic self-sacrifice and self-torment. Analyses of other borderline cases, such as hypomanic states, mild paranoids, and neurotic formations with criminal tendencies, like kleptomania, might be equally illuminating, and may be sincerely hoped for in a later edition; although the author had no intention of writing a complete treatise.

The index, at the end of the book, has real value as a guide to Dr. Deutsch's subject, and is noteworthy for its useful distinctions and its classification of analytic concepts.

DORIAN FEIGENBAUM.

New York Psychoanalytic Society.

INTRODUCTION BIOLOGIQUE A L'ETUDE DE LA NEUROLOGIE ET DE LA PSYCHOPATHOLOGIE; INTEGRATION ET DESINTEGRATION DE LA FONCTION. By C. v. Monakow et R. Mourgue. Paris: Librarie Felix Alcan, 1928. 416 p.

It is now but a few years since Professor von Monakow has laid aside his teaching activities in the University of Zurich. One of the first fruits of his leisure is this delightful collaborative presentation of his general conceptions of the principles of neural activity and their working out in human behavior, adaptive and non-adaptive.

In 400 pages, we are presented with the closely knit story of these conceptions, also available, be it noted, in a German edition.

Throughout the plant and animal phylum, one sees at work a mysterious push. Aristotle spoke of it as an entelechy, and numerous older and more recent workers in biological and near-biological fields have endeavored to pin this spirit down to verbalization. A short and illuminating résumé of the history of these efforts opens up the book. The authors have utilized the Greek work "hormé" as this essence, and with the activities of the hormé they concern themselves. As the hormé works to build up structure and thus permit functioning, Von Monakow expounds, expands, and amplifies the notion of Hughlings Jackson in his delightful presentations of the "evolution and dissolution of function". Seen in the renewed setting of diaschisis and related phenomena as sketched by Von Monakow and Mourgue, the exposition gains depth, vitality, and renewed meaning.

Nowhere else, apart from such students of sensation as Henning and his type, do we find sufficient attention to receptor intricacies in the handling of the cosmic forces. Thus, in the authors' discussion of the reaction capacities for light stimulation, at least twelve stages are outlined on the way to conscious perception—and this deals only with the formal qualities of light.

Now the authors begin to coin new words. They are necessary, since new conceptions require them. Thus klisis and ekklisis appear as generalized activities for what in physics we call attraction and repulsion and in social relations, sympathy and antipathy, possibly what Freud might speak of as Eros and Thanatos, the instincts of life and death. The prototype of judgment and its essence is called protodiakrisis; it is found far down the animal phylum. And so the authors build up the biological conceptions with neologisms, of

interesting etymology, as they progress with their story of the gradual emergence of the hormé in advancing function and structure.

Of special interest is the mode of handling time in the advance of biological unities. Semon's mneme and the entire group of this author's conceptions are frankly adopted.

In dealing with the instincts, the hormé does master service and, like Bergson's *elan vital,* or Freud's libido, in part only, the notion is used to try to explain how tissues came to be what they were. The "formative instinct" is the primary activity of the hormé and embryology illumined by the ideas. The usual sequel, social and religious instincts, follows, a bit formal and set and not so convincing to students of a concrete dynamic psychology.

Syneidesis (or biological conscience)—*i.e.,* auto-regulation of function—is treated in another fruitful chapter with other rather formidable neologisms deemed necessary for the understanding of what is so glibly called "adaptation". In another place we have spoken of the subtleties of these ideas, and of their infinitely greater value than the familiar superficial bilge water—auto-intoxication, endocrine-dyscrasia, and so forth—that pass for explanations of complicated biological processes, particularly when disordered.

A fascinating chapter deals with the integration of motility. The "conquest of space" and the "kinetic harmony" conceptions are alluring and throw much light on the study of the familiar reflex activities.

As, in the fore part of this volume, the human organism is built up, so in the latter part of the work the processes of disintegration are equally well sketched. Here Von Monakow and his pupil are quite at home. Aphasia, apraxia, agnosia are skillfully portrayed. The neurotic and psychotic disintegrations we find less satisfactory—a bit too schematic. A rapid close deals with the choroid-plexus functions.

This is a work that will repay reading and rereading. There are pregnant ideas and invigorating vistas. As stated, it can be obtained in either French or German.

SMITH ELY JELLIFFE.

New York City.

SEXUAL ABERRATIONS: THE PHENOMENA OF FETISHISM IN RELATION TO SEX. By Wilhelm Stekel, M.D. Authorized English version by S. Parker, M.D. New York: Horace Liveright, 1930. Vol. I, 369 p.; Vol. II, 355 p.

Dr. Stekel's great contribution to psychoanalysis would seem to be his emphasis upon the underlying abnormally strong sexual drive in the case of sexual neuroses. Contrary to Freud's view, Stekel looks

upon the fetishist as one whose sexuality is so strong as to compel a solution of his conflicts on some definite and conclusive basis, often earlier in life than is ordinarily the case.

Because of the urgency of the need for a solution, it would seem that the fetishist seizes upon objects that would ordinarily have little or no obvious relation to sexuality (*e.g.*, page 27, a small soiled feather pillow). To be sure, many of the objects of interest in Dr. Stekel's cases are those that are well-known to be favorites among fetishists (shoes, corsets, underwear, hair, and the like), but in the main they seem to have derived their importance less from their intrinsic significance than from their personal meaning to the individual.

Like Freud, Stekel traces the genesis of fetishism unfailingly to infantile incest wishes, which are repressed for the usual reasons. It is what the fetishist does, not only with his incestuous desires, but also with the religious forces by which they are rendered unattainable, that distinguishes his final system. He represses first the sexual object and then the religion that repressed it, and makes for himself both a new sexual object and a new religion.

A second great contribution of Stekel's to psychoanalysis is his consistent emphasis upon the law of the bipolarity of all psychic phenomena. In none of his works has he demonstrated such bipolarity more convincingly than in the present study of fetishism. He shows the fetishist as one who is torn, as all men are, but perhaps more powerfully, between strong moral imperatives and strong amoral desires, and who seeks independence of the pressure of each.

The fetishist achieves the impossible and gains both inner and outer freedom through his fetish. "He smelts his animal ideal and his divine ideal into a new concept." The fetish that he sets up becomes for him a god that rules over him; but the fact that the fetish represents a victory over his strictly moral ideals and their tyranny, and over his instinctual ideals, which he conceives also as tyrannical, permits him a sense of personal independence.

Stekel can imagine the fetishist saying to himself—if he could consciously formulate his reasoning, which, of course, he cannot—that he will not yield either to God or to Satan, but that he will render enough service in his own way to each so that he may obtain the blessings of both Heaven and Hell. Stekel uses these religious terms frequently in interpreting the state of mind of the fetishist, whom he finds always to be of a strongly religious bent, although avowedly non-religious. "They throw the conventional religion overboard and create a religion of their own which gives their own sexual expression plenty of elbow room."

In fact it is apparently not so much the existence of the incest

wish that determines the trend of the fetishist as the obstacle it encounters in his religious trend, according to Stekel. He says of the fetishist that he is "the sacrificial lamb of education which creates religious foundations in our youth that only live to be destroyed".

"All children", he says, "manifest rudimentary forms of fetishism." Their education, particularly their religious education, he thinks may be the factor that determines whether this becomes developed into a system. "The education to a fear of God leads to this most curious of all the masks of religion."

Constructively, he suggests that "if we could educate our young to the religion of Ethos, we would certainly be able to prevent the development of most fetishistic cases". But he is not optimistic. "It will be thousands of years before the bulwarks of anxiety have been replaced by the solid pillars of human affection."

Fetishism is a disease of Christians especially, in Stekel's experience. He finds identification with Christ an important part of the psychopathology, an identification naturally less likely in non-Christians. In accord with their Christ neurosis, they are distinctly masochistic, and cherish a feeling of martyrdom. Although there is an underlying sadism, which crops out (in "righteous" cruelty), in the main they seem to turn their cruelty upon themselves and to punish themselves for the guilt they always feel. Even their onanism is to them not only their chief sexual pleasure, but also an atonement, an expiation, and a means of self-punishment.

Just as religion is both denied and held fast, so also is external authority both abhorred and yielded to. "The fetishist is an anarchist, and yet a slave of society and social custom." As Stekel so frequently finds to be the case in neuroses, "there is room for all antitheses in his system".

Still another factor, in addition to his strong sexuality, his specific incestuous wishes, and his strong religious tendencies, is necessary to make the thorough fetishist. This factor is psychic creative ability. The importance of the creative spirit in his cases has led Stekel to say that "it is not improbable that every fetishist is a lost poet" who might, had he had the gift of sublimation and the ability to project his conflicts outward, have saved himself from the bonds of his paraphilia. "With every piece of creative effort, the poet rids himself of one more complex, whereas the fetishist makes use of every external impression to increase the extent or scope of his psychic structure." Instead of fitting into life as it is, the fetishist "simply rejects or annuls everything which does not fit into his system".

The fact that he does not find fetishism in women, and that Binswanger's case in a woman is still exceptional, Stekel accounts for

on the ground that women do not so readily accomplish the Christ identification, which seems to be so important a part of this neurosis. As another possible explanation, he suggests that women lack the rich creative capacity which a fetishistic system demands. It would seem to the reviewer that Stekel must seek further for the reason why women less often become fetishistic, if, indeed, that actually is the case; for the sacrificial attitude and the rôle of martyrdom are not foreign to the psychology of women, and although the creative spirit may be less productive of achievements that the world calls good, it seems not ordinarily to be lacking in the neuroses and psychoses.

The life of the fetishist consists of a perpetual flight from women, the symbol of sin and depravity. Intercourse is impossible for him "'because he is plagued with incestuous phantasies and tends to transfer the real sexual partner into an imaginary one". In its place the fetishist establishes the habit of onanism, which is made satisfactory to him only, however, with the aid of his fetish. He forms his system "as if" he did not love his mother, and "as if" his moral scruples did not control him. By day he dreams of the past, and by night of the future. The past in his daydreams seems pleasant, but the future in his night dreams holds a threat. The more his infantile fixations dominate him, the more circumscribed becomes his erotic horizon, the narrower his total mental interests, and the poorer the emotional tone. Whatever he gets from life, it is shadowed with a pronounced secret guilt consciousness.

Impulsive acts take place in the twilight state when the borders of reality are hazy. The fetishist steals if he must, and often falls afoul of the law as a kleptomaniac, a vagrant, or an exhibitionist. He also falls afoul of the social and economic necessities of reality. Progressively, he becomes more and more asocial and incapable of real work.

The cure of fetishism Stekel states to be difficult, because the fetishistic system has its root in resistance to intrusion upon his sex life. In this respect the disease is not unlike many others, however. The conflicts of the fetishist are those of every man and woman alive, although comparatively few strike upon the particular sort of condensation and displacement, the distortion and even the caricature of the real, which satisfies the fetishist. Naturally a deep psychoanalysis, and the breaking up of infantile fixations, gives the only hope of genuine cure.

Stekel calls attention to the fact, however, that the analyst "has great aid in the fact that the communication of the fetishistic phantasies promptly deflates their value". "All of these fetishistic

nuances have something ridiculous about them." True enough; but if a man could appreciate the grotesqueness of attaining all his religious ideals and gratifying all his sexual demands by hugging a pair of patent-leather shoes, it would seem likely to be only as a result of analysis. "Comprehension of the mock-religious nature of their system" Stekel finds must also be a product of analysis.

This book is published in two large volumes, consisting for the most part of case histories and the records of analyses. Unquestionably the material is of the greatest interest and value. The translator, Dr. Samuel Parker of New York, deserves special gratitude for having made the book so readable in its English version.

FLORENCE L. MEREDITH.

Boston.

BECAUSE I STUTTER. By Wendell Johnson, with an Introduction by Lee Edward Travis. New York: D. Appleton and Company, 1930. 127 p.

Professor Lee Edward Travis, of the University of Iowa Speech Clinic and Laboratory, in concluding his sympathetic and revealing Introduction to this little book, says: "We wish to recommend heartily the value of the book as an original production for study by psychologists and psychiatrists; and we wish to emphasize its importance to parents and teachers who are concerned with the care of stuttering children."

If it were not for Dr. Travis' brief, but pointed explanation of his theory of the cause of stuttering and his therapeutic method as given in his Introduction, the book would remain little more to the psychiatrist and psychologist than a particularly eloquent and appealing subjective case history, written by a patient with a decided literary bent and a knowledge of psychology. But with Dr. Travis' Introduction, the book as a whole takes on greater significance and interest. His theory is based upon the concept that stuttering is a definite neuromuscular derangement of the functional type in which there is a general reduction in cortical activity. This reduction in cortical activity, Dr. Travis says, "is due to transient and mutually inhibitive activities of the associative areas of the right and left hemispheres". This rivalry between the two sides of the brain and the consequent stuttering are the result of the fact that there is no sufficiently dominant center of neural activity. Some children, according to Dr. Travis, "are born with no potentialities for the development of one center of hyper-excitability and hyper-irritability—the dominant center", or only slight potentialities, and these stutter from the beginning. Others,

naturally left-handed children, have their cerebral dominance upset by being forced, directly or indirectly, to become right-handed people. Thus Dr. Travis' treatment is that of building up a single dominant center of activity as determined by the patient's native handedness. "In a great number of cases this corrective training consists in having the individual return to the use of the left hand in all manual functions, especially writing."

Stuttering, then, is a neurological problem and not the symptom of a neurosis, according to Dr. Travis. If there are neurotic symptoms, they are incidental to the stuttering. Mr. Johnson, writer of the major portion of the book, as a grateful patient reflects this point of view throughout in his self-analysis. In fact, the purpose of his history is to show how stuttering molded and somewhat distorted his personality. A few quotations taken here and there are indicative of that point of view: "Because my stuttering forced me . . . I began early to dream after a certain fashion." "These five lines of development which I have sketched—scholarship, athletics, Utopia-building, writing, and geniality—grew largely out of my speech defect, or were, at any rate, greatly affected by it. In fact, every ambition I have ever entertained, as well as every aversion, has sprung to a large degree from my stuttering." "Stuttering, if my self-analysis is to be relied upon, is not a neurosis; a neurosis may, however, develop out of the fact that a glib society places a severe burden on the stuttering individual."

Psychiatrists and psychologists, especially speech pathologists, will follow with interest Dr. Travis' work with the stutterer on a neurological basis. The question inevitably rises whether the intensely engrossing business, of many months and perhaps years, of changing a patient from right-handedness to left, with the assurance that speech relief will gradually come with the gradual acquisition of the new handedness, is anything more than another form of suggestion, more enduring, however, than previous suggestive methods because of its long-time application. It will be well worth while to observe the progress of the several patients treated in this manner for whom Dr. Travis claims complete recovery.

Despite the objection which will be raised that Mr. Johnson's analyst is naturally biased by his subjectivity and faith in this specific neurological approach, I heartily agree with Dr. Travis that *Because I Stutter* will be of value to the psychiatric and lay public as a very appealing human document, as an unusual case history, and as an announcement of a new theory and technique for the treatment of stuttering.

WILLIAM J. FARMA.

Washington Square College, New York University.

FACTORS OTHER THAN INTELLIGENCE THAT AFFECT SUCCESS IN HIGH SCHOOL. By Austin H. Turney. Minneapolis: University of Minnesota Press, 1930. 135 p.

This study concerns itself with the relationship of marks, intelligence, and age to nine such traits as self-confidence, industry, perseverance, and personal attractiveness, in the University High School at Minneapolis. In addition to studying all the students enrolled in two successive years (numbering about 250 each year), experimental groups were selected from these each year on the basis of discrepancy between intelligence and marks received. Thus a group of achievers (numbering 27 and 32 for the two years) are found, and a group of non-achievers (numbering 37 and 37), selection being made of those with a standard deviation score for I.Q. and marks showing a discrepancy of one sigma or more. The achievers exceeded the non-achievers in chronological age by an average of over six months and in marks by nearly 25 points, but were lower in mental age by almost two years, and in I.Q. by over 10 points.

Significant differences were found between the two experimental groups in the following traits, as rated by their teachers, in favor of the achievers: industry, coöperativeness, perseverance, dependability, and ambition. Differences were not consistently significant for self-confidence, leadership, originality, and in particular personal attractiveness. Achievers also showed superiority over non-achievers in tests of cancellation and dot-counting, though not by thoroughly reliable differences. No significant differences were found in extra-curricular activity, or in a test for inferiority-superiority, introversion-extroversion, or worries. The achievers show a greater amount of liking for school subjects, and are absent or tardy to a less extent.

The author feels that his findings as to the importance of the traits mentioned are confirmed by the existence of similar relationships for the whole student body. The correlation of marks with the total rating scale for all students is around .80, whereas correlation of marks with I.Q. is around .60. Multiple correlation coefficients are presented to show that the predictive value of the ratings and I.Q. over I.Q. alone is increased by over 100 per cent.

It is to be regretted that the claim for high validity of the ratings is made by the author. Reliability is fairly well established, the mean correlation between first and second ratings for each rater, of the five significant traits, being .75; that of the scale as a whole, .88. But the average intercorrelation of these five traits is .82 (calculations by the reviewer). Each trait agrees about as closely with any of the other four as it does with itself. Moreover, these intercorrelations are lowest for freshmen (.76) and highest for juniors (.91).

This increasing interrelation of favorable qualities side by side with increasing familiarity with the subjects can hardly fail to suggest a halo factor.

Readers of MENTAL HYGIENE will probably be disappointed that a study with such a title as this one bears makes no attempt to get at emotional factors, other than information from the personal-history section of the students' record cards. Information thus gathered, bearing on introversion, inferiority, and worries, with unknown reliability, is of course totally inadequate for this purpose. Granted that no highly reliable tests of this nature have yet been devised, could not representative case studies have been offered? The well-equipped personnel staff at University High School must have gleaned important bits of information about home and family conditions, about emotional stability, and about outstanding behavior patterns. If these achieving students do behave in the classroom as the ratings indicate (and no one doubts it), why? Doubtless the author was wise to confine his investigation to a narrower problem, but many will question whether some such problem as that here suggested would not have been more significant.

This suggests, finally, that it will not cause violent conflict to any one to learn that pupils who are achieving good school marks are rated high in several desirable qualities by their teachers. The value of the study lies in showing that a familiar tool may be used with reliability and with good predictive value. And even if the tool measures only chimeras and will-o'-the-wisps—perhaps their reliable measurement is our best clue toward finding out what stalks behind them.

THEODORE NEWCOMB.

Child Guidance Clinic, Cleveland.

A POINT SCALE OF PERFORMANCE TESTS. By Grace Arthur. Vol. I. New York: The Commonwealth Fund Division of Publications, 1930. 82 p.

This monograph was made possible by a grant of five thousand dollars from the Commonwealth Fund. The study was made under the auspices of the Department of Psychology of the University of Minnesota.

For many years psychologists have desired a good battery of non-verbal tests of intelligence, especially for the clinical study of children from non-English-speaking homes. This monograph presents the findings of an extensive testing survey and offers such a scale of performance tests. The Arthur scale includes many of the well-known individual tests, such as the Knox cube test, the Séguin form board,

the two-figure form board, the Casuist form board, the manikin, the feature-profile, the mare and foal, the Healy picture completion I, the Porteus maze test, the Kohs block design test, the triangle test, the five-figure form board, and the ship picture form board. Clinical psychologists are greatly indebted to Dr. Arthur for her work in bringing these items together into a satisfactory scale. As already utilized in clinical experience at the California Bureau of Juvenile Research, the Arthur scale has proved of great usefulness.

Volume I of the work, which is reviewed here, is intended as a clinical manual. It is restricted to material of immediate use in the routine psychological examination, and should be in the hands of all clinical psychologists. A companion monograph, Volume II, which will soon be issued, will include the details of the scale construction. In Volume II also will be given full account of the work of scale construction, together with alternate forms of scoring and their results.

NORMAN FENTON.

California Bureau of Juvenile Research.

THE MEASUREMENT OF NERVOUS HABITS IN NORMAL CHILDREN. By Willard C. Olson. Minneapolis: The University of Minnesota Press, 1929. 97 p.

This monograph is especially interesting as a contribution to scientific method in the study of nervous habits in children, and as such will repay a careful reading. Each step in the development of a controlled observational technique is described in some detail, together with an analysis of the various tests of validity to which the method was subjected. At the same time, there are presented certain statistical findings which even in this preliminary investigation appear to be significant.

After a survey of the literature on tics and nervous habits, these were classified into the general types of oral, nasal, hirsutal, irritational, manual, oral, aural, genital, and facial. The first observations on pre-school and elementary-school children indicated that oral habits were those occurring most frequently and also that these showed a high correlation of relationship with other nervous habits. Therefore, the more extensive observational studies were primarily directed to the measurement of oral habits.

The unit of measurement was defined as the occurrence of one or more nervous habits per stated unit of time. In the intensive study of oral habits, the unit was fixed as one or more oral habits during a five-minute period of observation. Successive five-minute periods of observation were given to a group of some six hundred elementary-school children, so that each child's score was based upon a total of

twenty-five-minute periods. In order to test the constancy of the measurements thus obtained over a reasonably long period of time, forty of the same children were subjected to similar observation a year later. A coefficient of correlation of .46 was obtained between the original scores and those made a year later by the same group of children. Other checks on the data showed a greater constancy for shorter intervals of time.

Without further report of the methods utilized, which are described in detail in the monograph, we may sum up the findings as follows:

The amount of nervous habits in the group of approximately six hundred elementary-school children studied showed a continuous distribution such as is found for any other physical or mental trait. In terms of the scoring used, the distribution ranged from zero to twenty. Hence nervous habits are characteristic of children in general, and not only of the abnormal individual. The difference between normal and abnormal is one of degree rather than of kind in respect to nervous habits just as with other traits. No relationship was discovered between the amount of nervous habits and age, but a significant sex difference was revealed, the incidence of nervous habits being greater for the girls than for the boys.

There was evidence that association with persons of nervous habits tended to produce similar habits in the child. This association seemed to be effective when members of the same family were involved and also with schoolmates. Other factors in the genesis of nervous habits were fatigue and underweight. However, the investigator concludes that multiple causation must be expected and that he has been able to analyze only a few elements under the conditions of this introductory study.

PHYLLIS BLANCHARD.

Philadelphia Child Guidance Clinic.

CROSSROADS OF THE MIND OF MAN. A STUDY OF DIFFERENTIABLE MENTAL ACTIVITIES. By Truman L. Kelley. Stanford: Stanford University Press, 1928. 238 p.

This book is a mathematical as well as a psychological treatise, and unless one is skilled in higher mathematics, it is doubtful what one can learn from it. The present review makes no pretense of evaluating the findings from this mathematical point of view, but will merely give some idea of the contents. In passing, we may comment that one of the two longest chapters devotes over sixty pages to the theory and statistical technique employed in making the study, while the chapters reporting the findings for seventh-grade, third-grade, and kindergarten pupils are largely in the form of complex statistical tables.

Briefly stated, the investigation is concerned with the independence of certain mental traits—*i.e.*, verbal skill, speed, general analytical capacity, ability in arithmetic, memory, manipulation of spatial relationships, and interest (which is considered an emotional rather than an intellectual trait). Certain tests which measure these different traits have been used, and the test findings have been subjected to certain mathematical treatment in order to determine whether each trait is truly independent or whether it is closely related to and more or less dependent upon other factors. The tests used are reproduced, with directions for giving and scoring, and the mathematical methods are for the most part amply described, so that the book could be used by any one wishing to carry out further investigations by the same method, or as a starting-point for the development of more advanced techniques.

The study is chiefly valuable as a contribution to scientific method. The author points out that his findings are incomplete, and although he has made allowance in his mathematical treatment for many variables, there are still more to be considered. Most of the findings are, therefore, presented tentatively and no dogmatic statements as to results are made. He does believe that his investigation has shown that at least three of the traits considered—facility with verbal material, manipulation of spatial relationships, and memory—are independent mental categories from a very early age, probably from birth, and he thinks that arithmetical ability is very likely also an independent native ability. He concedes, however, that native abilities such as these, if present in the same degree in different individuals at birth, may reach different levels of development in the later lives of those individuals according to the fostering or thwarting conditions of their environments.

PHYLLIS BLANCHARD.

Philadelphia Child Guidance Clinic.

MEDICAL LEADERS: FROM HIPPROCRATES TO OSLER. By Samuel W. Lambert, M.D., and George M. Goodwin, M.D. Indianapolis: Bobbs-Merrill Company, 1930. 331 p.

The difficulty with most single-volumed histories of medicine is that the wood is missed because of the trees. Pages become mere catalogues of names, with a bit of emphasis here and there as an extra paragraph is given to some particular person. What should be interesting reading becomes boresome and dull, and before the volume is finished, one usually puts it aside, thinking to refer to it when occasion arises.

The authors of this book have not altogether escaped this pitfall,

although they have done better than most. They have attempted to group their material so that periods and movements stand out, and to discuss the more significant men in reference to the period or movement, two usually being chosen for major discussion. Thus, following a chapter on Paracelsus, we find one with the heading *The Revival of Scientific Investigation* (Vesalius and Pare). Other examples are *The Medical Philosophies from the Seventeenth to the Nineteenth Century* (Locke and Spencer); *The Return to Clinical Medicine* (Sydenham and Boerhaave); *The Evolution of Pathological Anatomy* (Morgagni, Bichat, Virchow); *The Development of Differential Diagnosis* (Auenbrugger and Laennec); *The Foundation of Bacteriology* (Jenner and Pasteur). The chapter headed *The Growth of Surgery* is devoted largely to Lister; *The Story of Public Sanitation and Preventive Medicine* to Gorgas; and *The Physician of the Twentieth Century and Medical Education,* to Osler.

This plan, while it permits the following of a chronological order, tends to minimize the difficulties of mere chronology. A monotony due to a clutter (not to be used in reference to this book) of names, with a line or so to each or at most a brief paragraph, has not been entirely avoided, however, although the book is far more readable than most of its kind.

A great many men have contributed to the development of medicine, but, after all, the number who have contributed in a major way is not large. It would seem that a history might be written that would make clear the major outlines and progressions—thereby successfully orientating the beginning student or the lay reader, for whom these books are written, in the history of medicine—but that would deal only with the major movements and men, leaving to the footnotes, the dictionaries of biography, or the larger-volumed histories those who have contributed only incidentally or, relatively, in a minor way. The present volume is a distinct improvement in this type of history writing, but the need is for still further elimination of material.

Frankwood E. Williams.
The National Committee for Mental Hygiene.

Die Unfruchtbarmachung aus Rassenhygienischen und Sozialen Gründen. By Dr. Otto von Kankeleit. München: J. F. Lehmans, 1929. 112 p.

This short book, written by a psychiatrist, deals with our present knowledge of the advisability and the necessity for sterilization of the unfit. The quotations, which constitute the greater part of the introductory chapters, are brief and well chosen, and numerous tables in

a special chapter, *Statistics*, give eloquent testimony to the increasing number of situations in which sterilization would prevent much subsequent misery and social burden. The short chapter on the cost of the unfit to society shows clearly that society does not spend all its resources on guns and cruisers only! A short technical part follows which gives a very brief, but comprehensive description of the various methods and procedures available for prevention of the propagation of the unfit. The question of sterilization by means of X-rays is discussed quite extensively, and this procedure is not recommended for eugenic purposes. A brief chapter on heredity deals with Huntington's chorea, feeblemindedness, dementia praecox, manic-depressive psychosis, epilepsy, and psychopathy, from the point of view of their probable or improbable dependence on hereditary factors.

The most interesting part of the book are some case histories which in their brevity and conciseness impress one with great force. The present legal status of the question of sterilization in various countries is also discussed.

The book is well written and constitutes a short, yet concise source of reference for any one who wants any information on the subject in question. The medical reader will find little that is new to him, but the layman will find established knowledge and even two anatomical drawings in the chapter on technique. The book includes a bibliography of almost four hundred references.

CHARLES O. FIERTZ

New York City.

TWINS: HEREDITY AND ENVIRONMENT. By Nathaniel D. M. Hirsch. Cambridge: Harvard University Press, 1930. 159 p.

By comparing certain anthropometric and intellectual differences of "*similar*" (identical) twins living in a "similar environment" (that is, living together) with the same differences of "*disimilar*" (fraternal) twins living in a "similar environment", Mr. Hirsch seeks to evaluate the respective contributions of genetic constitution (heredity) and environment to the make-up of the individual. If the average difference of the latter exceeds the average difference of the former, the excess could be ascribed only to the greater hereditary differences of fraternal twins. For example (to take the most striking data submitted by Mr. Hirsch), the average difference of similar twins with respect to intelligence quotient is 2.3 points, whereas the average difference of dissimilar twins is 13.8 points, or six times as much. He, therefore, explains the 13.8 as due one-sixth to differences unavoidable even in "identical" twins and five-sixths to hereditary differences; or, "heredity is about five times as important as environment in respect to differences in intelligence quotient". His

other data point in the same direction, so that he finally concludes that "heredity and environment both contribute to the intelligence and anthropometric qualities of the individual, but their contributions are far from equal . . . the contribution of heredity is several times as important as that of environment".

The mathematical fallacy underlying this last statement must be obvious. It is very much like saying that a temperature of 80° F. is "twice as hot" as 40° F. Mr. Hirsch may affirm on the basis of his data that heredity is five times as significant in the causation of I.Q. *differences,* but one cannot from this alone conclude that heredity is five times as important in the development of the *totality* of intelligence.

Mental-hygiene workers will, furthermore, disagree with the tacit assumption that if twins live together, their environment is identical or even "similar". They have come to look upon environment as presenting often the greatest diversities, even when children are living together. This would apply especially to the dissimilar twins, where marked differences in appearance, intelligence, and personality might be expected to result in different environments for the members of a pair. It, therefore, does not seem permissible to ascribe the excess differences of dissimilar twins to heredity alone. Nevertheless, while Mr. Hirsch's conclusions are not fully valid, the factual data in his book constitute a valuable addition to the literature on twins.

MAX LEVIN.

Community Health Center, Philadelphia.

THE YOUNG MAN AND MEDICINE. By Lewellys F. Barker, M.D. New York: The Macmillan Company, 1927. 456 p.

This small volume is one of a so-called "vocational series", published for the information of young men and women who may be seeking to determine what vocation they will undertake. It is assumed that the young person wishes to know what the vocation in question really is; its varieties and relationships; what demands it may make on his energies and aptitudes; what qualifications he should or should not possess in undertaking it; and, finally, what satisfactions and other returns are to be expected from it. Following this plan, Dr. Barker has, it is needless to say, produced a most instructive book.

About half of it is devoted to a descriptive discussion of the profession of medicine, under the caption, *Services Renderable to Society by the Profession of Medicine.* There is, first, a striking bird's-eye view of the occupations of the general practitioner. The author estimates that the general practitioner turns over to the specialists only 5 per cent, or less, of the work medical men are called upon to perform. He

discusses the matter of specialization and reviews in some detail the various departments in which medical men specialize. Aside from the actual practice of medicine, considerable space is devoted to other fields of activity that medical workers engage in—the teaching of medicine, medical research, preventive medicine, medical authorship, and administrative medicine. These topics are all discussed from the standpoint of their value to society and what they mean to those who engage in them. The rich store of information packed into this part of the book, the wise balance of judgment in the discussion of it, and the refinement of vision displayed in this rapid survey of the whole field of medicine give the book a rare informative value to the prospective medical student, and perhaps, in another way, not less value to one already engaged in medical study or practice.

The second half of the book is devoted to "the personal rewards and satisfactions of medical workers". This part will, perhaps, be found to meet more effectively the inquiries of one who is considering the problem of taking up medicine as a vocation. The economic rewards of the practice of medicine the author discusses carefully and at some length. He makes it clear that the monetary rewards in medicine do not warrant one who is financially ambitious in trying his fortune here. The substantial rewards are the satisfactions found in a careful working knowledge of our bodies and their needs, and in gratifications of a social, intellectual, ethical, and æsthetic nature. The ability the medical worker gains in securing well-being for himself and for some of his fellows, the daily drill which sharpens his sense of the rightness and wrongness of things, the opportunity for learning to discern the essence of refinement in homely garb—these, rather than monetary gain, the author shows, are among the real rewards of the medical worker. They tend to develop in him in some degree that important ingredient, constructive appreciation, which may enter so largely into that quality which often renders dynamic even his minor services.

The book includes an appendix in which are focused such matters as personal qualifications, preliminary education, choice of a medical school, medical licensure, and postgraduate education.

As a whole, the book seems admirably calculated to fulfill its purpose. One is sorry to be inclined to wish it a bit more simply or less professionally written, for, if it had been, it would have lost much that makes it really choice as it stands. It should not only find a conspicuous place in every college and medical-school library reading room, but I am tempted to say that it should be placed among the required reading of the first or second year of every medical school in our land.

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OCCUPATIONAL GROUPS AND CHILD DEVELOPMENT. By S. M. Stoke. Cambridge: Harvard University Press, 1927. 92 p.

A very interesting extract from work done by the Psycho-Educational Clinic of the Graduate School of Education, Harvard University. The children are taken from the elementary school population of a Boston suburb and divided into the five non-competing groups of Taussig. All the children are from the Northern European section of the school group, thus avoiding problems of race, while questions of sex and age also were eliminated before any relations were sought.

Proceeding on this basis, Stoke finds a positive correlation between occupational grouping and I.Q. of $r = +.30$ and $C = .357$ out of a possible .896. The I.Q.'s in question are the average of a Binet and one or more group tests. In spite of this correlation, however, he notes that, in gross numbers, three-quarters of the children above the average in intelligence still come from occupational groups other than the highest.

As an interesting side issue, Stoke discusses Cyril Burt's contention that children from cultured homes are better on the language tests, but that poorer children are much better on the other tests, thus making intelligence very decidedly a matter of "what the tests test". Stoke concludes that Burt is wrong if proper safeguards are taken to insure statistical accuracy.

Height and occupational groups give a positive correlation of $r = +.15$; $C = .21$ Stoke is inclined to regard the coefficient of mean square contingency — C — as being more significant where the categories are few in number and somewhat uncertain. The correlation between occupational groups and gross weight quintiles is $r = +.15$ and $C = .23$. If, however, we consider undernourishment, basing it upon the relation between weight and height, there appears to be practically no connection between this condition and occupational groupings. The children in the upper groups are heavier because they are better nourished.

Next Stoke considers the relation between social status and anatomic indices, using the index developed by Dr. D. A. Prescott of Harvard. Correlations here are low—$r = +.08$ and $C = .19$. The study is closed by a number of very interesting case histories and a brief, succinct conclusion.

According to Stoke (page 34), "this study tends to emphasize these claims in behalf of heredity as the most important factor in determining intelligence quotients" and (page 90) "the real question which confronts us is how long this drainage of talent from the lower social groups can continue without exhausting the fountain".

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NOTES AND COMMENTS

Legislative Notes

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The nine state legislatures that met in regular session during the year have adjourned. They were Kentucky, Louisiana, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina, and Virginia. The Second Session of the United States Congress adjourned July 3, and the new session will convene December 1, 1930. U. S. Senate Bill 1812, summarized in this section of Mental Hygiene, January, 1930, authorizing the Census Bureau to compile and publish annually statistics on inmates of institutions for the mentally diseased, mentally defective, dependent, and delinquent, passed the Senate, but is held in the House Committee on the Census and will be brought up again at the coming session.

The summaries that follow complete, to date, the legislation of general mental-hygiene interest. Laws and bills of purely local and technical nature are omitted. The new laws and the bills that failed of passage are given separately, and are indexed by subject and presented alphabetically by states. The designations S. and H. refer to bills presented in Senate and House respectively. In the case of new laws, the chapter is also given when known. In case the same bill was presented in both Senate and House, the bill that became law is indicated first, and the other is indicated in parentheses. Dates in parentheses following the designation of certain bills—for example, "United States Congress, H. 7410 (1/'30)"—refer to the issue of Mental Hygiene in which the bill was originally summarized before final action was taken.

The sterilization laws passed by North Carolina and West Virginia in 1929, not previously summarized, are also included.

The following chapter numbers of new laws passed in Mississippi were not available at the time these laws were summarized for the July number of Mental Hygiene: H. 52, Chapter 25; H. 219, Chapter 204; H. 870, Chapter 168; S. 16, Chapter 241; S. 20, Chapter 237.

Correction: The summary of Utah S. 88, 1929, which appeared in this section of Mental Hygiene for July, 1929, read, "Provides for the establishment, maintenance, and control of 'a home for fallen

women'." This new law actually repealed an existing law which had been passed for that purpose.

NEW LAWS

Index by Subject

Idaho

H. J. R. 5, Laws of 1929. Proposes to repeal section 6 of Article X of the state constitution. This proposal will be voted on at the coming general election. It would take the control and management of the Idaho Asylum for the Insane, at Blackfoot, out of the hands of the board of three directors, as now provided by law, and, in accordance with the policy of the state for other institutions, place it under the supervision of the Department of Public Welfare.

New Jersey

H. 360, Chapter 222. Proposes a bond issue of $10,000,000 for a fund to be known as the "State Institutional Construction Fund", to be voted on by the people at the general election November 4, 1930.

New York

H. 1221 (S. 903), Chapter 723. Amends the State Charities Law by adding to the general powers and duties of the department of social welfare the following (section 11): To study throughout the state the causes of juvenile delinquency and local conditions relative thereto and other problems of social welfare generally, and to collect and disseminate information in relation to them.

H. 1965 (S. 1582), Chapter 295. Adds a new section (22A) to the Mental Hygiene Law, continuing the Syracuse Psychopthic Hospital at Syracuse University under the control of the Commissioner of Mental Hygiene.

S. 17, Chapter 41. Amends the General Municipal Law in relation to the granting of allowances by boards of child welfare, by extending the law to include children whose mother is permanently incapacitated and confined in an institution for the care of her particular ailment or suffering from mental disease, if the mother otherwise would be qualified to receive such benefit. The law formerly included only such children whose mother was deceased.

S. 156, Chapter 351. Amends the Education Law in relation to the commitment of a school delinquent so that, in any school district having a director of the bureau of compulsory education, school census, and child welfare, such director, or person authorized by the school authorities to act for him, or the superintendent of schools, may commit a school delinquent. This law previously applied only to cities of 1,000,000 population or more having such a director and did not include the superintendent of schools.

S. 1447, Chapter 686. Increases the salaries and expense allowances of certain state-hospital employees, and appropriates $466,000 to meet this increase.

S. 1687 (H. 2081), Chapter 477. Proposes an emergency bond issue of not more than $50,000,000 for the construction of buildings under the control of the departments of Mental Hygiene and Correction, to be submitted to the voters at the 1930 general election.

North Carolina

S. 73, Chapter 34, Laws of 1929. Provides for the asexualization or sterilization of any mentally defective inmate or patient of any penal or charitable institution supported wholly or in part by the state or any subdivision thereof, if, in the judgment of the governing body or responsible head of such institution, it shall be considered best in the interest of the mental, moral, or physical improvement of the patient or inmate, or for the public good. Sterilization of mentally

defective persons not resident in any institution is made the duty of the board of commissioners of any county, upon the petition and request of the next of kin or legal guardian of such person.

Rhode Island

H. 717, Chapter 1574. Amends Section 2 of Chapter 14 of the General Laws, entitled "Of the state home and school" (for mental defectives) as follows. The requirement that all male children admitted shall remain until they are eighteen years of age and all female children until they are twenty-one years of age, unless otherwise ordered by the state public-welfare commission, is stricken out, and it is provided that "they may release or discharge any such child from their care and custody to its relatives or others whenever the commission is satisfied that the object of the commitment has been accomplished and conditions appertaining to such child are deemed to justify such release or discharge".

H. 926, Chapter 1618. Establishes a "criminal insane ward" at the state institution at Cravsten.

United States Congress

H. 7410 (S. 2556), Public Law 201, 71st Congress (1/'30). An act to establish a hospital for defective delinquents. The outstanding features of this act are as follows:

1. The Attorney General is authorized and directed to select a site, either in connection with some existing institution or elsewhere, for a hospital for the care and treatment of all persons charged with or convicted of offenses against the United States who are in the actual custody of its officers or agents, and who, at the time of their conviction or during the time of their detention and/or confinement, are or shall become mentally diseased, afflicted with an incurable or chronic degenerative disease, or so defective mentally or physically as to require special medical care and treatment not available in an existing Federal institution.

2. The control and management of the institution are in the hands of the Attorney General, who also has power to promulgate rules for its government and to appoint, subject to civil-service laws and regulations, all necessary officers and employees.

3. The inmates of the institution shall be employed as the Attorney General may direct, and he may establish industries, plants, factories, or shops for the manufacture of articles, commodities, and supplies for the United States Government, and require any department or establishment of the United States to purchase such articles as meet their specifications.

4. There is authorized the creation of a board of examiners for each Federal penal and correctional institution, to consist of (1) a medical officer appointed by the warden or superintendent of the institution; (2) a medical officer to be appointed by the Attorney General; and (3) a competent expert in mental diseases to be nominated by the Surgeon General of the United States Public Health Service. This board shall examine any inmate of the institution alleged to be mentally diseased or of unsound mind or otherwise defective and report to the Attorney General, who may direct the warden or other official having custody of the prisoner to cause him to be removed to the United States Hospital for defective delinquents or to any other such institution as is now authorized by law to receive mentally diseased persons charged with or convicted of offenses against the United States, there to be kept until, in the judgment of the superintendent, the prisoner shall be restored to sanity or health, or until the maximum sentence, without deduction for good time or commutation of sentence, shall have been served.

5. Any inmate whose sanity or health is restored prior to the expiration of his sentence may be retransferred to any penal or correctional institution designated by the Attorney General, until the expiration of his original sentence, the time spent in the hospital to be computed as a part of his imprisonment.

6. The superintendent of the hospital shall notify the proper authorities of the state, district, or territory in which a mentally diseased convict shall have his legal residence, or, if this cannot be ascertained, the authorities of the state, district, or territory from which he was committed, of the date of the expiration of the term of any convict who, in the judgment of the superintendent, is still mentally diseased or a menace to the public, and shall cause said convict to be delivered into the custody of these proper authorities.

7. All transfers from penal and correctional institutions to or from the hospital for defective delinquents shall be made as the Attorney General may direct.

H. R. 9235. Authorizes the Public Health Service to provide medical and psychiatric services in the Federal penal and correctional institutions. This act supplements U. S., H. 7401.

H. 11143, Public Act No. 357. A Division of Mental Hygiene is created by this act in the office of the Surgeon General of the United States Public Health Service in the Treasury Department. This is incidental to the main purpose of the act, which is entitled, "To create in the Treasury Department a Bureau of Narcotics, and for other purposes". Section 4 (a) of this act converts the Narcotics Division in the Surgeon General's office into the Division of Mental Hygiene.

The authority, powers, and functions exercised by such Narcotics Division are hereby transferred to the Division on Mental Hygiene. The medical officer of the Public Health Service in charge of the new Division of Mental Hygiene shall hold rank and receive the pay and allowances of Assistant Surgeon General while so serving.[1] The Narcotics Division, converted into the Division of Mental Hygiene by this act, was created by Public Act No. 672, 70th Congress, approved January 19, 1929, entitled "An Act to establish two United States Narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs who have been convicted of offenses against the United States, and for other purposes".

Virginia

H. 57. Amends and reënacts Section 1077 of the Code of Virginia, as amended, in relation to the state colony for epileptics and mental defectives, defining, for the first time, the age limits and indicating the sex of persons to be received, as follows: White epileptics, male and female, not under ten years of age; white mental defectives, females of child-bearing age not under ten years nor over forty-five and male not under ten years of age, to whom such training would be of most benefit.

H. 97. Amends and reënacts certain sections of Chapter 214 of the Acts of Assembly of 1926, which act established a state farm for defective misdemeanants, as follows: (1) provides for the establishment and control under this act of other similar farm or farms; (2) provides for the detention and care of any other misdemeanants and felons who may be committed or transferred thereto as provided by law, in addition to those mentioned in the act; (3) provides for direct commitment of a misdemeanant who has previously been convicted of a misdemeanor three or more times, and is so mentally deficient as to be unable to control his behavior; (4) the provision that no person shall be held longer than one year on the original commitment may be waived by an order of the state department of health, as provided under the health laws; (5) escaped prisoners could formerly be sentenced, on conviction, only by a justice of the peace. This power is now also delegated to the court.

West Virginia

S. 31, Chapter 4, Laws of 1929. Provides for the sterilization of any inmate of any state institution caring for mentally diseased,

[1] Dr. W. L. Treadway has been appointed to this office. For a statement of the immediate objectives of the division, see the *Mental Hygiene Bulletin*, September, 1930.

mentally defective, or epileptic persons, or of the state industrial schools and homes for boys and girls, if the state public-health council shall find that such inmate is mentally diseased, mentally defective, or epileptic and by the laws of heredity is the potential parent of socially inadequate offspring likewise afflicted; that such inmate may be sterilized without detriment to his general health; and that his welfare and that of society will be promoted thereby. Castration and the removal of sound organs from the body, except for the therapeutic reasons, are specifically forbidden.

BILLS THAT FAILED

Index to Subject

Administration and Finance
Mississippi, H. 845, S. 110; Rhode Island, H. 745.
Clinics
Mississippi, H. 371.
Commitment and Admission
New York, H. 961; Rhode Island, H. 745.
Criminal Insane and Insanity Pleas in Criminal Cases
Mississippi, S. 146; New York, H. 961; U. S., H. 9799 and H. 10655; Virginia, S. 99.
Escape
Louisiana, H. 452.
Guardianship
Virginia, H. T. N. 353.
Marriage and Divorce
Louisiana, H. 641; U. S., S. 3147; Virginia, H. T. N. 76.
Mental Defectives
Mississippi, H. 371, H. 845; U. S., H. 6300, H. 9799, and H. 10655.
Miscellaneous
U. S., 6300, H. 9799, and H. 10655, S. 2359.
Sterilization
Louisiana, S. 85; Virginia, H. 96.
Veterans
U. S., H. 7627, H. 11438, S. 2359; Virginia, H. T. N. 353.

Louisiana

H. 452 (7/'30). Would make it an offense to induce inmates of state or private institutions to escape.

H. 641 (7/'30). Would make continuous mental disease for a period of five years grounds for divorce.

S. 85 (7/'30). Would provide for the sterilization of mentally diseased, mentally defective, and epileptic persons in state institutions.

Mississippi

H. 371 (7/'30). Would create a traveling clinic of the research department of the Ellisville State School (for mental defectives).

H. 845 (7/'30). Would impose an excise tax on persons selling malt syrup, such tax to be used for the benefit of the Mississippi Colony for the Mentally Defective children at Ellisville.

S. 110 (7/'30). Would provide a state board of administration of all institutions that receive state aid.

S. 146 (7/'30). Would repeal Chapter 75, Laws of 1928, which provides that mental disease shall not be a defense for murder, etc.

New York

H. 961. Would amend the Criminal Code so as to permit the commitment to a mental hospital for observation, to determine his mental condition, of any person who is in confinement under indictment, etc., who appears to be a mental defective. The existing law includes only persons who appear to be mentally diseased.

Rhode Island

H. 745. Would revise generally Chapter 108 of the General Laws, entitled "Of the restraint and care of the insane, and of public provision for the indigent insane", and would repeal Chapter 1447 of the Public Laws, 1929, entitled "An act relative to the admission and treatment of patients at the psychopathic wards of the Providence City Hospital".

United States

H. 6300 (1/'30). Would establish a laboratory for the study of abnormal classes.

H. 7627 (1/'30). Would authorize the President to appoint a board of twenty psychiatrists to diagnose and prescribe for mentally unbalanced war veterans.

H. 9799 and H. 10655. Would establish a laboratory for the study of criminal, dependent, and defective classes.

H. 11438. Would compensate World War veterans suffering from mental and nervous disabilities.

S. 2359 (1/'30). Would convert the Federal veteran's hospital, No. 94, at American Lake, Washington, from a neuropsychiatric into a general medical and surgical hospital.

S. 3147. Would provide for uniform regulation of marriage and divorce.

Virginia

H. Temporary Number 76. Would prevent marriage between persons having mental or physical diseases which may be, according to the laws of heredity, transmitted to their offspring.

H. 96. Would repeal the existing sterilization law and substitute in its place a new law (1) extending the scope of the law to include not only the state mental hospitals and colony for epileptics and mental defectives (as at present), but also "any hospital which is governed by a board appointed by the Governor of Virginia and which is receiving appropriations out of the state treasury"; and (2) including among those subject to the law, "persons suffering from syphilis or congenital blindness".

H. Temporary Number 353. Would provide for the appointment of guardians for incompetent veterans and minor children of disabled or deceased veterans.

S. 99. Would amend Section 4913 of the Code of Virginia, relating to verdicts of acquittal on the ground of mental disease or mental defect by adding the following: "No evidence of mental disease or mental defect of the defendant at the time the offense was committed shall be received unless a written plea setting up such a defense shall be filed before the jury is sworn."

Mental Hygiene in Orphanages

The changing character of American orphan asylums is revealed no less in certain problems of mental hygiene that face such institutions to-day than in other aspects of change induced by modern social and industrial conditions, according to a report by Dr. Ira S. Wile, psychiatrist and pediatrist, upon an experiment in the education of mentally deficient and retarded children at the Hebrew Orphan Asylum in New York City.

According to Dr. Wile, the general level of intelligence of children in orphan asylums has lowered materially in recent years. The pensioning of deserving widows by the city and the large corporations and the increase in general prosperity have reduced considerably the proportion of capable children who are sent to homes and asylums because of the poverty of their parents. Children who are classified as subnormal, however, continue to be sent to institutions, whether their parents are able to take care of them or not.

Thus the institutions find themselves caring for a variety of children whose common denominator is not easily determined. Dr. Wile foresees another change in the character of all our homes and asylums—they must lose their institutionalized nature and deal more and more with children as individuals. In time all institutions for dependent children will lose their present functional identity and will become clearing houses, serving the children in accordance with the principle of providing for each child that form of environment best suited to its needs.

The methods of training adopted at the Hebrew Orphan Asylum are those based upon the most modern concepts of the nature of mental defect and upon the principle of adaptation to the peculiar needs of the mentally defective. There is but one class of twenty-one girls at the asylum. According to the plan the class is purposely kept small, so that each may receive the maximum of individual attention. Basic training is in the simpler household affairs.

The preference of the girl is ascertained, then an intensive individual training in her tentatively selected vocation is instituted, and, if necessary, a compromise is effected in cases where her chosen vocation requires a higher mentality than she possesses. For example, a girl who expresses the desire to become a nurse, for which profession she cannot possibly qualify, may be trained to be a child's nursemaid or attendant.

Abstract teaching is avoided wherever possible. Academic work is given only in conjunction with the things the girls can do and like to do. The principles of socialization and of teaching in the concrete are adhered to as strictly as conditions will allow. The girls are taught by means of facts directly at hand.

If the pupil has as her day's allotment the preparation of a meal, her reading, writing, and spelling lessons for the day consist of the names of the ingredients of the meal—roast beef, potatoes, spinach, bread, butter, and so on. She is taught to use the words correctly in sentences that can be demonstrated during the course of the work. Arithmetic is taught in computing the cost of the meal. She receives tokens which represent money and she may purchase the meats and vegetables at the store. Thus she learns elementary addition, subtraction, multiplication, and division by the simplest, most natural methods.

In brief, the pupils receive the elements of the "three R's" in the only way that can impress them—through association with the simple tasks which they like and can perform. They are following Dewey's dictum—they learn through doing. The course thus naturally is developed from a single point of view instead of being thrown into a curriculum without plan or thought.

The absence of brighter pupils, with their contrasting rapid progress, helps to develop a spirit of self-reliance and more even competition that has no little share in the progress made.

The work began in May, 1925, with twenty girls, aged fifteen and sixteen, whose mental ages averaged nine years. After months of effort it was found that practically nothing could be done with them, because their mental habits were already too well fixed and their adolescent emotions too weakly controlled.

In October, 1925, eighteen girls of ten and thirteen were selected. Their mental ages ranged from seven to ten. It is with these girls, and three others who have been added, that the work is carried on. A careful study of their reactions and a check on their condition, as the classes continue, shows a definite improvement, although there can be no exact evaluation for some time.

In the beginning the plan met with a good deal of opposition, both from the parents and from the girls, who, with natural sensitiveness, did not want to be classed as "dumb-bells". In the face of the steady, happy progress made by the pupils in the past year, all opposition has disappeared, and an enthusiasm on the part of the girls is manifest. It is now recognized as a school of rare opportunity and the chance to go there is accepted eagerly.

Activities of the New York State Deans

The Research Committee of the New York State Deans Association is at present undertaking the work of studying the problems of students who come to the office of the dean of women. Records of personal problems were kept for one month by many deans in New York State. These records have been returned, to date, by deans in four colleges, three normal schools, and two junior high schools. More than 1,000 records are now available and are being tabulated.

This study ought to give very interesting information as to the types of problem that come to the deans, their frequency, and the average amount of time spent in interviews of this kind.

The Committee on Correlation between High School and College is continuing its work on the interesting study begun last year on the subject of what records the high school should pass on to the college and what reports the high school should expect to receive from the college.

Many worth-while ideas in the above-mentioned projects are expected to be presented at the annual meeting of the association, which will take place next November at Syracuse, New York.

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